

DEPT.-65

JOB- 28

REEL- 22

CITY OF BALTIMORE

HEALTH DEPT.

BUREAU OF

VITAL STATISTICS

BIRTHS

BEGINNING 1875



CITY HALL
BALTIMORE 2, MARYLAND

DEPARTMENT OF LEGISLATIVE REFERENCE
RECORDS MANAGEMENT DIVISION

DECLARATION OF INTENT

THE CITY RECORDS MANAGEMENT OFFICER HEREBY DECLARES THAT
THE RECORDS MICROFILMED HEREIN, ARE ACTUAL RECORDS OF THE
DEPARTMENT OF HEALTH BUREAU OF VITAL
STATISTICS CREATED DURING THE NORMAL COURSE OF BUSINESS
AND THAT THE MICROFILM WILL BE INSPECTED TO ASSURE COM-
PLETENESS OF COVERAGE, AND THAT:

THE MICROFILMING OF THE RECORDS IS ACCOMPLISHED AS PRO-
VIDED FOR IN REQUEST FOR RETENTION PERIOD, AUTHORIZATION
NO. 346 AS APPROVED BY THE RECORDS COMMITTEE IN
ACCORDANCE WITH ORDINANCE NO. 1096 APPROVED BY THE MAYOR
ON JUNE 4, 1954.

REQUEST FOR RETENTION PERIOD

To: Records Management Officer
Room 408, City Hall, Baltimore, 2, Md.

Authorization No.

346

Department:

Health

Bureau:

Vital Statistics

1. TITLE Certificate of Live Birth				2. Form No. if available		3. Type—(cards, paper, etc.) Bound Book	
4. Dates		5. Volume accumulated yearly		6. Size of Record Misc.		7. Number of copies made	
B. Authorization Requested (check only one (1) of the squares below)							
A. Establish retention period for records which are accumulating daily <input type="checkbox"/>		B. Dispose of present accumulation, no additional accumulation anticipated <input type="checkbox"/>		C. Microfilm and destroy originals <input type="checkbox"/>		D. Microfilm and retain originals for length of time indicated below. <input checked="" type="checkbox"/> 1	
9. Recommended Retention Period				10. Equipment and space freed.		11. In your opinion does this record have any historical significance?	
a. In Dept. 70 yrs.		b. In Storage Center Micro. Perm.		c. Total 70 yrs. and Micro. Perm.		YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
12. DESCRIPTION OF RECORD. (describe accurately and show recommended retention period.)							

These are vital records known as Certificates of Live Birth, required by statute to be registered with the Baltimore City Health Department within several days after the occurrence.

RETENTION PERIOD REQUESTED: Microfilm all Certificates in duplicate retaining the film permanently, and store the duplicate rolls of film for security purposes. Retain original birth certificates Seventy (70) years after date of registration, and then destroy after microfilming.

Department or Bureau Approval

Title:

Robert E. Jarber
Commissioner of Health3/28/63
Date

13. Recommended Retention Period				14. Disposal Method			
a. In Dept. 70 yrs.		b. In Storage Center Microfilm Permanent		c. Total 70 yrs. and Microfilm Permanent		d. To be sold as scrap or waste paper <input type="checkbox"/>	
						e. To be Burned or shredded <input checked="" type="checkbox"/>	
						f. Historical, (to be transferred to Dept. of Legislative Reference) <input type="checkbox"/>	
REMARKS: 2 Negative Rolls							
Records Management Officer				Date			

APPROVALS OF RECORDS DISPOSAL COMMITTEE

KINDLY RETURN TO: RECORDS MANAGEMENT OFFICER
ROOM 408, CITY HALL, BALTIMORE 2, MD.

1. APPROVED: CITY AUDITOR

2. APPROVED: CITY SOLICITOR

3. APPROVED: CITY COMPTROLLER

4. APPROVED: CITY TREASURER

5. APPROVED: DIRECTOR, DEPT. OF PUBLIC WORKS

6. APPROVED: DIRECTOR OF THE MUNICIPAL MUSEUM

7. APPROVED: DIRECTOR, DEPT. OF LEGISLATIVE REFERENCE

FILED ON FILM

IN

NUMERICAL ORDER

NOTICE

The succeeding documents
were received in the same
condition and microfilmed
as shown.

Every effort was made to
assure legibility and com-
pleteness.

Missing 88269-88277, incl.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City

HEALTH DEPARTMENT
AUG 23 1918
BALTIMORE, MD.

- | | | |
|----------------------------|---------------------------------------|-----------------|
| Name of Medical Attendant, | or other Person who makes this Return | Mary E. Bentley |
| Address | April Wife | 277 S. Penn St. |
| Remarks | Died a few minutes after birth, | |

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this return.

Address,

Remarks,

Parents, the date and place of birth, and the name of the child, shall be delivered, duly signed by the practitioner in the form of a certificate, to the Registrar of Vital Statistics, Baltimore City, within ten days of the birth of the child. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child to report its birth to the Registrar of Vital Statistics, Baltimore City, in the manner and within the period of time required, and any such person or persons who shall fail to comply with the provisions of this section, shall be liable to a fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth Aug. 19. 1886

4. Place of Birth, (Street and Number) 303 Frederick St.

5. Full Name of Mother, Lottie McDowell

6. Mother's Maiden Name, Ensor

7. Mother's Birthplace, Balto. Co Maryland

8. Full Name of Father, Wm McDowell

9. Father's Occupation, Engraver

10. Father's Birthplace, New York

Name of Medical Attendant, or other Person who makes this Return, J. H. Schuffert M.D.

Address, Charles & Centre St

Remarks,

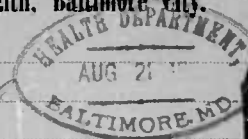


parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of medicine, it shall be the duty of the person reporting its birth to the Commissioner of Health, in the manner and within the period of time required, and any such person or persons who shall fail to comply with the provisions of this section, shall be liable to a fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

88281
88281

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,

Persons who state that part of birth, and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall be the duty of the person or persons so attending the child to report its birth to the office of the Registrar of Vital Statistics, Board of Health, Baltimore City, within the time specified in the regulations. If any person shall fail to comply with the provisions of this section, shall be liable to a fine of ten (10) dollars for each offense to be recovered as other dues and forfeitures are recoverable.

RETURN OF A BIRTH

88282

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.)

1st

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Aug 19/82

4. Place of Birth, (Street and Number)

17 Borne St

5. Full Name of Mother,

Gussie Hammond

6. Mother's Maiden Name,

Gussie Barry

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Wm Hammond

9. Father's Occupation,

Miller

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this return.

Jam. Woodcock

Address,

16 Borne St

Remarks,



certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall be the duty of the person so attending to report its birth to the Commissioner of Health, and to file a true and correct copy of this certificate in the office of the Registrar of Vital Statistics, within the time specified in the fine of ten (10) dollars for each offense to be levied as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

883 13

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st*

1. Sex, (state whether male or female) *Female*

2. Race or Color, (if not of the white race) *Caucas*

3. Date of Birth, *Aug 19/86*

4. Place of Birth, (Street and Number) *17 Vincennes St*

5. Full Name of Mother, *Elizabeth Jane*

6. Mother's Maiden Name, *Elizabeth Cole*

7. Mother's Birthplace, *Va*

8. Full Name of Father, *Harry Beale*

9. Father's Occupation, *Shoemaker*

10. Father's Birthplace, *Va*

Name of Medical Attendant, or other Person who makes this Return, *James Grosland*

Address, *1613 Bruce St*

Remarks,



In case the birth of any child shall occur without the attendance of a physician or practitioner of medicine, or should no other child be born in attendance upon the mother, the Registrar of Health, in the manner and within the time and place prescribed, shall require of the persons who shall be present at the birth of such child, a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of medicine, or should no other child be born in attendance upon the mother, the Registrar of Health, in the manner and within the time and place prescribed, shall require of the persons who shall be present at the birth of such child, a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of medicine, or should no other child be born in attendance upon the mother, the Registrar of Health, in the manner and within the time and place prescribed, shall require of the persons who shall be present at the birth of such child, a certificate between the first and third day of each and every month to the Office of the Commissioner of Health.

RETURN OF A BIRTH, 88284.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



1. Sex (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth Baltimore
4. Place of Birth, (Street and Number) Baltimore South Mining Ave.
5. Full Name of Mother Mary W. Sollen
6. Mother's Maiden Name Mary Smith
7. Mother's Birthplace Baltimore
8. Full Name of Father Charles W. Sollen
9. Father's Occupation Waterman
10. Father's Birthplace Baltimore
11. Name of Medical Attendant, or other Person who makes this Return. Mrs. Elizabeth D. D. D.
- Address 33 Corner Bay and South Street
- Remarks Mother and child doing well.

name of the mother of such child or children.

parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the person in the form of a certificate, to the Registrar of Vital Statistics, Baltimore City, within the time specified in the schedule. In case the birth of any child shall occur without the attendance of a Physician or practitioner of medicine, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child, so report its birth to the Registrar of Vital Statistics, Baltimore City, in the manner and within the time specified in the schedule, and any such person or persons who shall fail to comply with the provisions of this section, shall be deemed to be guilty of a misdemeanor, and for each offense to be fined not more than ten dollars, or imprisoned not more than thirty days, or both, at the discretion of the Court.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,

882 551

DEPARTMENT

21

BALTIMORE, MD.

White

Aug 19-1886

1511 Ave 4-

Mary J. Dunn

" " " " " "

Balt.

George Dunn

Produce Dealer

Balt.

D. Scott M.D.

143 21. E. Ave 4-

55286

62015

IMORE.MJ.

IMORE.MD.

August-119, 1886 = 610 Km

47 Fawn St-

Elizabeth Kirkpatrick

11 Platt

Baltimore County

Ruben Kirkpatrick

Malster

Baltimore

A. Greigshaker md.

88 East Baltimore St.

Instrumental

Murphy & Co., City Printers and Stationers

88287

certificates between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician, there after it shall become the duty of the person or persons of such child to be in attendance upon the child, and to cause the same to be reported to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall fail to do so, shall be liable to a fine of ten dollars for each offense so committed, and such fine shall be recoverable.

A circular ink stamp from the Baltimore Health Department. The text "HEALTH DEPARTMENT" is curved along the top inner edge, and "BALTIMORE, MD." is curved along the bottom inner edge. In the center, the date "AUG 23 1934" is stamped in three lines.

[Handwritten signature]

A handwritten signature, possibly reading "J. H.", written in dark ink at the bottom right of the page.

100-429108

Left hand side

Order of Council

" " " " " "

P. G. Carey

Wm. D. Schmitt

I have never been

I. M. ...

F. J. O'Brien

[Faint handwritten notes]

[illegible]

45288

Specifically, between the receipt of such notice and every month thereafter, the parent or guardian of each child shall, without the attendance of a physician or practitioner of midwifery, or should no other person be available, the mother of any child, shall certify to the health of the child, and shall be at all times in attendance upon the mother, immediately thereafter. It shall become the duty of the person or persons of such a child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such failure to report its birth to the Commissioner of Health, shall be deemed to be the failure of the parent or person or persons who shall be held responsible for such failure to report its birth to the Commissioner of Health, and each such offense to be a misdemeanor.

2d, 3d, &c.) ... *fourth*
Male

White

Aug 19th 1886

61 Roberts St

Agnes Forrester

Wright

Del

Mr. Randolph Forrester

Builder

Westminster Md

Christina M.

506 Mad. Ave.

Remarks.



RETURN OF A BIRTH 88289

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) _____

3. Date of Birth, 19 August

4. Place of Birth, (Street and Number) 11 S. Hemlock

5. Full Name of Mother, Katie Kerns

6. Mother's Maiden Name, Ruck

7. Mother's Birthplace, Baltimore

8. Full Name of Father, James Kerns

9. Father's Occupation, Tinner

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return. Sarah Casper

Address, 72 E. Lombard

Remarks, _____



certificates between the first and third day of each and every month to the Office of the Registrar of Vital Statistics, Baltimore City, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such age and legal capacity to report to the Registrar of Vital Statistics, Baltimore City, the birth of the child, and to cause to be filled out and signed a certificate of birth, for each offense to be committed in violation of the provisions of this section, shall be subject to the fine of \$10 (ten) dollars, or imprisonment in the City Jail for a period of not more than thirty days, or both such fine and imprisonment, at the discretion of the Court.

to be written by the
parent or guardian of
the child, and to be
signed by the parent
or guardian, and to be
filed in the office of
the Registrar of Vital
Statistics, and to be
open to the inspection
of the public.

Name of Medical Attendant, make this Return *Dr. A. B. Cooper*
Address, *72 E. Lombard*
Remarks,

City & Co. City Printers and Stationers.

RETURN OF A BIRTH.

88290

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

2d

1. Sex (state whether Male or Female).

2. Race or Color (if not of the white race)

3. Date of Birth

August 19, 86

4. Place of Birth (Street and Number)

113 N Carrollton Ave

5. Full Name of Mother

Emma Lange

6. Mother's Maiden Name

7. Mother's Birthplace

Balt?

8. Full Name of Father

Emil Linka

9. Father's Occupation

Signor Dealer

10. Father's Birthplace

Balt?

Name of Medical Attendant, or other Person who make this Return.

William A. M.D.

Address

38 Madison Ave.

Remarks

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parent, and the maiden name of the mother of each child or children.

RETURN OF A BIRTH

88291

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color. (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

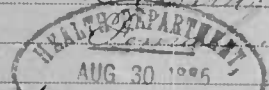
9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,



88291
BALTIMORE MD.

89 East Ave

Maria Franz

Appel

America

John Franz

Libaret

America

J. Schwasser, Midwife

300 Hanover St.

Part of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall be the duty of the parent or parents of such child to report the same to the Registrar of Vital Statistics, in the manner and within the period prescribed in this section, and for each failure to do so, after fail to comply with the provisions of this section, shall be subject to the fine of ten (10) dollars.

88292

[illegible]

151.

Female

HEALTH DEPARTMENT,
SEP 1
BALTIMORE, MD.

20th Century

71. William 21

Mary Etta Wright

Magell.

Ball

Telma Wright

Carpenter

Ball.

1946 Webster J

Remarks, ...

RETURN OF A BIRTH ⁸⁵²⁹³

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race)

3. Date of Birth, 20th August 1896

4. Place of Birth, (Street and Number) 315 High St

5. Full Name of Mother, Annie Ford

6. Mother's Maiden Name, Harrison

7. Mother's Birthplace, Ball

8. Full Name of Father, Geo Ford

9. Father's Occupation, Bricklayer

10. Father's Birthplace, Ball

Name of Medical Attendant, or other Person who makes this Return. J. W. Webster

Address, 101 Banner

Remarks,



birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person who fails to do so shall be liable to a fine of ten (\$10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 88294

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8
1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) race
3. Date of Birth, 20 August
4. Place of Birth, (Street and Number) Baltimore 1601 E. 11th St.
5. Full Name of Mother, Maria Catharine Meyer
6. Mother's Maiden Name, Maria Catharine Dieckhoff
7. Mother's Birthplace, Germania Prussia Prussia
8. Full Name of Father, Friedrich Wilh. Meyer
9. Father's Occupation, Soldier
10. Father's Birthplace, Germania Prussia Prussia
- Name of Medical Attendant, or other Person who makes this Return, Chas. Bange
- Address, 1115 Cross St
- Remarks,



Birth of any child shall occur without the attendance of a physician or midwife, or other person, shall be in attendance upon the mother immediately thereafter, shall become the duty of the person or persons of such kind to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be punished to the fine of ten (10) dollars for each offense to be recovered as other laws and ordinances are recoverable.

RETURN OF A BIRTH 88290

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 74

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, August 20th 1896

4. Place of Birth, (Street and Number) 576 Hanover St.

5. Full Name of Mother, Johanna Michel

6. Mother's Maiden Name, Weber

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Louis L. Michel

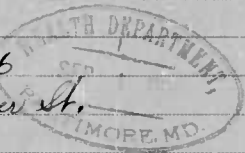
9. Father's Occupation, Teamster

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return, H. W. Weber, M.D.

Address, 298 W. Lombard St.

Remarks,



Birth of any child shall occur within the jurisdiction of a Mayor and or Commissioner of Health, and shall be reported to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall thereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense so incurred.

88296

[illegible]

2

female

A circular ink stamp from the Baltimore Health Department. The text "HEALTH DEPARTMENT" is curved along the top inner edge, and "BALTIMORE, MD." is curved along the bottom inner edge. In the center, the date "AUG 28 1941" is stamped. A handwritten signature or initials are visible on the left side of the stamp.

Aug 20, 1886

177 N. Bethel St

Mary Jahn

" J Banks

Belle Mead

John, John

Factor

Baltimore Md

or other Person who
makes this Return.

Caroline Miller

#5 Walker St. Balt. Md

Remarks,

RETURN OF A BIRTH ⁸⁵³⁹⁷

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2nd*

1. Sex, (state whether male or female) *male*

2. Race or Color, (if not of the white race) *white*

3. Date of Birth, *August 20th 1886*

4. Place of Birth, (Street and Number) *57 Exeter st.*

5. Full Name of Mother, *Rachel Miner*

6. Mother's Maiden Name,

7. Mother's Birthplace, *Europe*

8. Full Name of Father, *Miller Miner*

9. Father's Occupation, *Labourer*

10. Father's Birthplace, *Europe*

Name of Medical Attendant, or other Person who makes this Return.

Address, *apart. no. 122 J. Exeter st.*

Remarks,



Birth of any child shall occur without the attendance of a physician or person in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons in the family of the person or persons of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 98298

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) Colored

3. Date of Birth, August 20 1886

4. Place of Birth, (Street and Number) 131 S Bethel St

5. Full Name of Mother, Rosa Keys

6. Mother's Maiden Name, Rosa Nelson

7. Mother's Birthplace, Richmond Virginia

8. Full Name of Father, Henry Keys

9. Father's Occupation, Laborer

10. Father's Birthplace, Samartains Co

Name of Medical Attendant, or other Person who makes this Return, Susan Morgan

Address, No 47 N Durham St

Remarks,



be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subject to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

88299
APR 1900

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

The 2 Child

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth.

The 20th August 1886

4. Place of Birth, (Street and Number)

No 102 Somerset St.

5. Full Name of Mother.

Mary Kerfest

6. Mother's Maiden Name.

Mary Euseman

7. Mother's Birthplace.

Green Spring Valley Md Cal Bay

8. Full Name of Father.

John Fisher

9. Father's Occupation.

Letter Carrier

10. Father's Birthplace.

Baltimore

Name of Medical Attendant, or other Person who makes this Return.

Mrs W. H. Loun

Address,

No 173 Howard Ave

Remarks.

Baltimore Md.

1886

Birth of any child shall occur without the attendance of a Physician or practitioner of medicine, or should be other person be in attendance upon the mother, minor child, or infant, the attendance of such person is required, and with the person attending the birth of the child, or persons who shall be present, shall be required to the fee of ten (10) dollars for each of the above.

ff 300

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Summe

White

August 20. 1856

No 24. Hull 15

Charlota Nagel

Charlotte Common

Harford Co. Md

Emanuel Nagel

Heater

Pinelobesia

Miss Ette

Return. *No 13 Cuba St*

Remarks.



any child shall occur, without the attendance of a physician or practitioner of medicine, or without the participation of any child's mother, immediately thereafter it shall become the duty of the parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person who fails to do so shall be liable to a fine of not more than \$100. If the child is born to a married couple, the husband or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (\$10) dollars for each offense to be recovered as other heretofore and hereinafter provided.

89.311

to be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons who shall be in attendance upon the mother, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

HEALTH DEPARTMENT
AUG 30 1966
BALTIMORE, MD.

Finch

[Signature]

20 Aug 1952

3532 Patton St

Annex 1

Armed Crime

Cypripedium

11/1/19

25/11/19

or other Person who
makes this Return.

597 Park St. Et

Remarks,

CERTIFICATE CORRECTED 9-5-30
RETURN OF A BIRTH

P1302

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *William John Brendel*
2nd Child

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

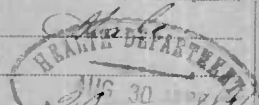
9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this return.

Address,

Remarks,



Aug 20 1930
4 Creek Blk B
Katie Brendel
Schecher
Germany
Philip B. Brendel
Roofing
Germany

J. Schwasser, M.D.
330 Hanover St.

Persons or any others who shall neglect or refuse to furnish the information required by this act, or shall give false information, or shall be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

813 N³

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

8th child.

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

Aug. 29, 1886

4. Place of Birth, (Street and Number)

877 Randolph St.

5. Full Name of Mother,

Anna Neesler

6. Mother's Maiden Name,

Larisch

7. Mother's Birthplace,

Germany

8. Full Name of Father,

Jacob Neesler

9. Father's Occupation,

Cypher

10. Father's Birthplace,

Germany

Name of Medical Attendant, or other person who makes this Return.

J. Schwaiger, Midwife

Address,

938 Hanover St.

Remarks,

be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

91304

be in attendance upon the mother, immediately thereafter it shall become the duty of the parent or parents of such child to report to birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of not less than \$100 nor more than \$500, and such fine shall be payable to the State of New York.

1 ht. child.

Hortensien

W. H. Hill

20th August

Guttenbach

Maria Dickson
1811

Maria Kemmer
St. 1

Leuvingen: Genna
R. 1

Henry Lankford

16. ...

Ch. 1. 1861

В. А. М. П. / Р.

L. & L. (P.) N. & S.

06-09-2017 10:00 AM - 10:00 PM

RETURN OF A BIRTH. 88305

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 7th

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth Aug. 20th 1886

4. Place of Birth, (Street and Number) #334 Disque St.

5. Full Name of Mother, Annie Franz

6. Mother's Maiden Name, M. E. M. Kelly

7. Mother's Birthplace, Balto. Md.

8. Full Name of Father, Henry Franz

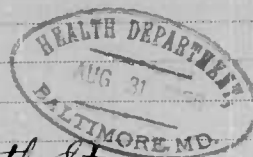
9. Father's Occupation, Grocer

10. Father's Birthplace, York Pa.

Name of Medical Attendant, or other Person who makes this Return, Mrs. Lena Hillegast

Address, 1828 Monument St.

Remarks,



Birth of any child shall occur without the attendance of a physician or practitioner of medicine, or of a nurse, or of a midwife, or of a person who is licensed by the Board of Health, to be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (\$10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

Born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

88306

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

First

1. Sex (state whether Male or Female)

Male

2. Race or Color (if not of the white race)

Colored

3. Date of Birth

August 20th 1886

4. Place of Birth (Street and Number)

78 W. Spring St

5. Full Name of Mother

Mellie Rebecca

6. Mother's Maiden Name

Barclay

7. Mother's Birthplace

Baltimore

8. Full Name of Father

Henry Rebecca

9. Father's Occupation

Carpenter

10. Father's Birthplace

Baltimore

Name of Medical Attendant, or other Person who makes this Return.

Charles Hester

Address

87 W. Spring St

Remarks

RETURN OF A BIRTH 88307

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) Mulatto

3. Date of Birth, Aug 20th 1886

4. Place of Birth, (Street and Number) 1519 D Hall Ave

5. Full Name of Mother, Victoria Haywood

6. Mother's Maiden Name, Brooks

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Frank Haywood

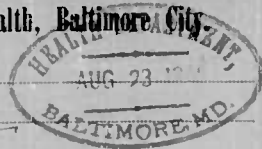
9. Father's Occupation, Porter in Dept

10. Father's Birthplace, Balto

Name of Medical Attendant, or other Person who makes this Return, C B Gault

Address, 59 E. Theatrical

Remarks, see certificate



report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person shall be liable to a fine of ten dollars for each offense to be recovered as other fine and forfeitures are recoverable.

RETURN OF A BIRTH

85305

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,



Let the attendants upon the mother, immediately after the delivery of child, become the duty of the person or persons of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

Born, is or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

84309

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

First
male
White

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race)

3. Date of Birth

Aug. 20th 1886

4. Place of Birth (Street and Number)

144 North Ave.
Ida C. Lamb

5. Full Name of Mother

6. Mother's Maiden Name

Carter

7. Mother's Birthplace

Carroll Co. Md.

8. Full Name of Father

John Lamb

9. Father's Occupation

10. Father's Birthplace

Baltimore City

Name of Medical Attendant, or other Person who
makes this Return.

J. S. McCormick M.D.
451 Eutan Place

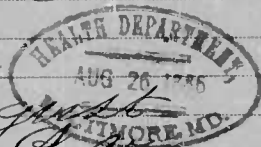
Address

Remarks

RETURN OF A BIRTH 88310

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *The 3rd*
1. Sex, (state whether male or female) *male*
2. Race or Color, (if not of the white race) *do. do.*
3. Date of Birth, *The 20 of 6th month*
4. Place of Birth, (Street and Number) *6 Ohio St*
5. Full Name of Mother, *Charles Mason*
6. Mother's Maiden Name, *Challey Carllinge*
7. Mother's Birthplace, *Leek County*
8. Full Name of Father, *Joe Mason*
9. Father's Occupation, *busk in the Market*
10. Father's Birthplace, *in Mary county*
- Name of Medical Attendant, or other Person who makes this Return, *Wiley J. Ross*
- Address, *181 York Street*
- Remarks,



RETURN OF A BIRTH

98311

GIVEN NAME ADDED 2-13-23

To the Office of Registrar of Vital Statistics, ~~Board of~~ Health, Baltimore City.

NAME: ALVAN S. STANLEY

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

One Child

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Aug 20 1886

4. Place of Birth, (Street and Number)

137

5. Full Name of Mother,

Allice Stanley

6. Mother's Maiden Name,

Allice Kelly

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Alfred Stanley

9. Father's Occupation,

Labo

10. Father's Birthplace,

Eastern Shore

Name of Medical Attendant, or other Person who makes this Return,

Eucimelia Wood

Address,

130 Register St

Remarks,



Birth of any child shall be reported to the Registrar of Vital Statistics, or some other person authorized by the Registrar, within the time specified in the regulations, and any such person who shall neglect to do so shall be liable to a fine of ten dollars for each offence to be recovered by the Registrar.

RETURN OF A BIRTH 88312

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

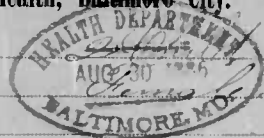
9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,



Aug 30 - 1886
237 German st.
Laura Ackmann
Cook
America
Charles Ackmann
Cook
America

J. L. Swanson, M.D.
300 German st.

So in attendance upon the Registrar, Municipal Health Officer, who shall receive the duly of the person or persons of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or person who shall be liable to the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered in other laws and ordinances are recoverable.

RETURN OF A BIRTH 88313

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

1. Sex, (state whether male or female) male

2. Race or Color, (if not of the white race) Colored

3. Date of Birth, 2.1

4. Place of Birth, (Street and Number) Baltimore. 45 Mulberry St

5. Full Name of Mother.

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father.

9. Father's Occupation.

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this return.

Address,

Remarks,



Marie Jones
Marie Tyane
St Marys Co. Md
Jacob Jones
Laboring
St Marys Co.
Mrs Annie Johnson
94 Tayson st

For the information of the Registrar of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

88314

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *First*
1. Sex, (state whether male or female) *Male*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *Aug. 21st 1886*
4. Place of Birth, (Street and Number) *Mt. Airy, 161 W. Lombard St.*
5. Full Name of Mother, *Agnes Finch*
6. Mother's Maiden Name, *Do.*
7. Mother's Birthplace, *Maryland*
8. Full Name of Father, _____
9. Father's Occupation, _____
10. Father's Birthplace, _____
- Name of Medical Attendant, or other Person who makes this Return, *R. F. Ankner, M.D.*
- Address, *161 W. Lombard St.*
- Remarks, _____



Penalty for non-compliance. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall fail to comply with the provisions of this section, shall be fined in the fine of ten (\$10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

f 8315

birth of any child shall occur without the attendance of a physician or practitioner of midwifery or should be either to the detriment or to the benefit of the child, the parent or parents of such child shall be liable to a fine of not more than \$100.00. If the parent or parents of such child fail to report to birth to the Commissioner of Health, in the manner and within the period so required, and any such person or persons who shall be found guilty to comply with the provisions of this section, shall be subject to the fine of not more than \$100.00 for each offense to be incurred as officer, nurse and practitioner a recovers fee.

Fifth

Female

Whit.

21st August 1886

88 Chester st.

Saura Hopkins

Haines

Ellicott City

Charles Hopkins

Shelby

Baltimore

Mr. Wiley

30 Patterson Park, Md.

called in Doctor Wilkins

RETURN OF A BIRTH

88316

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

13 Child

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

21 Aug

4. Place of Birth, (Street and Number)

23 Waller St

5. Full Name of Mother,

Margaret Foster Vanhook

6. Mother's Maiden Name,

McHargain

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Robert Vanhook

9. Father's Occupation,

Brick Maker

10. Father's Birthplace,

Philadelphia

Name of Medical Attendant, or other Person who makes this Return.

Miss Brough Bang

Address,

42 E. Cross St

Remarks,

Report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.



RETURN OF A BIRTH

88317

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

3. Date of Birth,

21 August

4. Place of Birth, (Street and Number)

2 Water

5. Full Name of Mother,

Maggie Renner

6. Mother's Maiden Name,

Shawl

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

George Renner

9. Father's Occupation,

Miller

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return.

Sarah Casper

Address,

72 E. Lombard

Remarks,



report to the Registrar of Vital Statistics, Baltimore City, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of \$10, and for each offense to be recovered as other laws and ordinances are recoverable.

any person who, in a birth record, gives false information, or who, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence, and the mother, father, or person giving false information, shall be liable for the same.

GIVEN NAME ADDED 8-7-51

RETURN OF A BIRTH.

88318

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

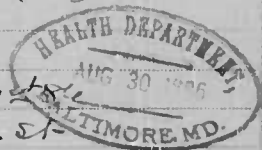
Name: Thomas Irving Hall
No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Fourth (4th)

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth Saturday Aug 21st 1906
4. Place of Birth, (Street and Number) 207 N. Mount St
5. Full Name of Mother, Lucy Hall
6. Mother's Maiden Name, Lucy Clayton
7. Mother's Birthplace, A.A. County Ind
8. Full Name of Father, Frank C. Hall
9. Father's Occupation, Lawyer, maw
10. Father's Birthplace, A.A. County Ind

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,



Carl A. Mulberry St

RETURN OF A BIRTH ^{883 19}

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Elenora Moore*

1. Sex, (state whether male or female) *a girl a child*

2. Race or Color, (if not of the white race) *colored*

3. Date of Birth. *aug. 21 1886*

4. Place of Birth, (Street and Number) *137 Durham*

5. Full Name of Mother, *Elenora Moore*

6. Mother's Maiden Name. *Elenora Washington*

7. Mother's Birthplace, *Baltimore*

8. Full Name of Father; *Howard Washington*

9. Father's Occupation, *draftman*

10. Father's Birthplace, *Baltimore*

Name of Medical Attendant, or other Person who makes this Return. *Elizabeth Madoncy*

Address, *122 n Durham*

Remarks.



in the birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH ⁸¹³²⁰

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) Caucasian

3. Date of Birth, August 11 1886

4. Place of Birth, (Street and Number) Cathlamet St 106

5. Full Name of Mother, Mrs. Mary G. Galt

6. Mother's Maiden Name, Samuel Smith

7. Mother's Birthplace, Baltimore Md

8. Full Name of Father, William Galt

9. Father's Occupation, Doctor

10. Father's Birthplace, Baltimore Md

Name of Medical Attendant, or other Person who makes this Return Dr. J. H. Smith

Address, 253 N. 1st St

Remarks, _____



CERTIFICATE CORRECTED 9-24-37

RETURN OF A BIRTH

88321

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

William Henry Waters

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

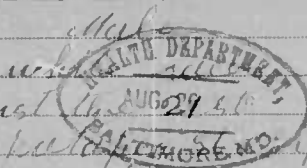
9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,



Christina (Hester) Waters

Reitzel Reitzel

Baltimore

Thomas Waters

Shoe maker

Baltimore

Elizabeth Shilman

Light 85 12 5 32

Report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subject to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 88322

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th
1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, August 21st.
4. Place of Birth, (Street and Number) Baltimore 304 Mulberry St.
5. Full Name of Mother, Elizabeth Moller.
6. Mother's Maiden Name, " Wagner
7. Mother's Birthplace, Hessen
8. Full Name of Father, Henry Moller
9. Father's Occupation, Shoemaker
10. Father's Birthplace, Hessen
- Name of Medical Attendant, or other Person who makes this return Mrs. Lamm.
- Address, 6c North Charles St.
- Remarks,

be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 85323

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

3rd

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Aug 26

AUG 26 1885

4. Place of Birth, (Street and Number)

Cor

Caroline

5. Full Name of Mother,

Lizzie Mattheus

6. Mother's Maiden Name,

Lizzie Allen

7. Mother's Birthplace,

Balt

8. Full Name of Father,

Geo J Mattheus

9. Father's Occupation,

Machinist

10. Father's Birthplace,

Balt

Name of Medical Attendant, or other Person who makes this Return.

David V Meyer M.D.

Address,

197 Auguth St

Remarks,

5

or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable

RETURN OF A BIRTH

84824

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *the 3rd child*

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race)

3. Date of Birth, *August 22nd 1886*

4. Place of Birth, (Street and Number) *North 12th Street*

5. Full Name of Mother, *Jessie*

6. Mother's Maiden Name, *Yusket*

7. Mother's Birthplace, *W. Va.*

8. Full Name of Father, *Philip Mandellman*

9. Father's Occupation, *Laborer*

10. Father's Birthplace, *Pa.*

Name of Medical Attendant, or other Person who makes this Return, *L. J. P. P.*

Address, *120 East 5th*

Remarks,



Person who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of 100 dollars for each failure to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

88325

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

4

1. Sex, (state whether male or female)

female

2. Race or Color, (if not of the white race)

white

3. Date of Birth,

22 August

4. Place of Birth, (Street and Number)

Rock St. No. 42 Baltimore Md.

5. Full Name of Mother,

Mary C. Sharp

6. Mother's Maiden Name,

Helst

7. Mother's Birthplace,

Baltimore Md

8. Full Name of Father,

John C. Sharp

9. Father's Occupation,

Barber

10. Father's Birthplace,

Carroll County Md

Name of Medical Attendant, or other Person who makes this Return

Mrs. Hunter

Address,

21 N. Poppleton St

Remarks,



or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of five (10) dollars for each offense to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

88326

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Given Name Added 11-18-53
Name: Anna Elizabeth Lammahan
No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

22nd Aug. 1886

4. Place of Birth, (Street and Number)

20 Chew St.

5. Full Name of Mother,

Eva Lammahan

6. Mother's Maiden Name,

" Sargent

7. Mother's Birthplace,

Balto

8. Full Name of Father,

John A. Lammahan

9. Father's Occupation,

Iron Moulder

10. Father's Birthplace,

Balto

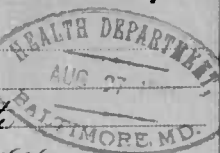
Name of Medical Attendant, or other Person who makes this Return.

Mrs Julia Gentry

Address,

466 N. Gay St

Remarks,



or persons who shall hereafter fail to comply with the provisions of this section, shall be subject to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH ⁸⁸³²⁷

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

First Child

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Aug. 22/86

4. Place of Birth, (Street and Number)

159 Chesapeake St.

5. Full Name of Mother.

Marion V. Frostburg

6. Mother's Maiden Name,

" " Rispan

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

John H. Frostburg

9. Father's Occupation,

Plasterer

10. Father's Birthplace,

Germany

Name of Medical Attendant, or other Person who makes this Return.

Rev. Mansfield M.D.

Address,

50 So. Broadway

Remarks,



Persons who shall hereafter, and to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

99328

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st
1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth, August 22d - 1886
4. Place of Birth, (Street and Number) 108 S Washington
5. Full Name of Mother, Emma Golden
6. Mother's Maiden Name, Neuhring
7. Mother's Birthplace, Prussia
8. Full Name of Father, George Golden
9. Father's Occupation, Moulder
10. Father's Birthplace, Prussia
- Name of Medical Attendant, or other Person who makes this Return, Mrs Elizabeth Beltz
- Address, 120 Bank St
- Remarks,

or persons who shall hereafter fail to comply with the provisions of this section, shall be subject to the fine of it in (12) dollars for each offense to be recovered as other laws and ordinances are recoverable.

RETURN OF A BIRTH ⁸⁸³²⁹

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st*

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

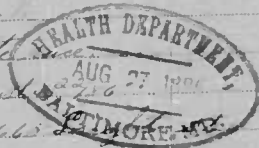
9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,



report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall thereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

Pg. 33 D

Report to the Commissioner on Receipts for the Game and when not paid a fine required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

- CHILD
HEALTH DEPARTMENT
AUG 27 1907
Baltimore, MD.

RETURN OF A BIRTH 98331

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d &c.)

1. Sex, (state whether male or female)...

2. Race or Color, (if not of the white race)

3. Date of Birth, August 22

4. Place of Birth, (Street and Number) Hamburg St 240

5. Full Name of Mother, Carrie Brust

6. Mother's Maiden Name, Rockler

7. Mother's Birthplace, Frederick City Md

8. Full Name of Father, Casper F Brust

9. Father's Occupation, Glass worker

10. Father's Birthplace, Frederick City Md

Name of Medical Attendant, or other Person who makes this Return Mrs Munch

Address, Lidenhall St No 1

Remarks,

RETURN OF A BIRTH

55332

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. ☒ Child of Mother, (state whether 1st, 2d, 3d, &c.)

2nd.

1. Sex, (state whether male or female) ...

Male

2. Race or Color, (if not of the white race) ...

White

3. Date of Birth, ...

Aug. 22, 1886

4. Place of Birth, (Street and Number) ...

573 Cinquith St.

5. Full Name of Mother, ...

Catherine Isabella Farley

6. Mother's Maiden Name, ...

" " Irving

7. Mother's Birthplace, ...

Bath, Md.

8. Full Name of Father, ...

Frank H. Farley

9. Father's Occupation, ...

Gardener

10. ☒ Father's Birthplace, ...

New York

Name of Medical Attendant, or other Person who makes this Return

Geo. A. Hartman, M.D.

Address, ...

305 N. Caroline St.

Remarks, ...

Name of Child: Edward S. Farley



RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *fourth*
1. Sex, (state whether male or female) *boy*
2. Race or Color, (if not of the white race) *light brown skin*
3. Date of Birth, *22nd of august 1886*
4. Place of Birth, (Street and Number) *Dale st No 238*
5. Full Name of Mother, *Martha Jane Miller*
6. Mother's Maiden Name, *Martha Jane Johnson*
7. Mother's Birthplace, *City*
8. Full Name of Father, *Edwade Miller*
9. Father's Occupation, *a dray man*
10. Father's Birthplace, *City*
- Name of Medical Attendant, or other Person who makes this Return *Lydia Somerville*
- Address, *Clinton ave 18.*
- Remarks,

RETURN OF A BIRTH 88.334

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 26

1. Sex, (state whether male or female) male

2. Race or Color, (if not of the white race) white

3. Date of Birth, August 22nd 1896

4. Place of Birth, (Street and Number) 78 Lombard St.

5. Full Name of Mother, Johanna Gutman

6. Mother's Maiden Name, Hirschfelder

7. Mother's Birthplace, Europe

8. Full Name of Father, Benjamin Gutman

9. Father's Occupation, Cigar-maker

10. Father's Birthplace, Europe

Name of Medical Attendant, or other Person who makes this Return, Mrs. C. Bernstein

Address, 49 New No. 122 S. Exeter St.

Remarks,



RETURN OF A BIRTH

88330

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *5*

1. Sex, (state whether male or female) *Female*

2. Race or Color, (if not of the white race) *A*

3. Date of Birth, *Aug 22 - 1886*

4. Place of Birth, (Street and Number) *Patterson Park Ave. near Williams*

5. Full Name of Mother, *Friederika Drexel*

6. Mother's Maiden Name, *Kronister*

7. Mother's Birthplace, *Baltimore*

8. Full Name of Father, *Geo. Drexel*

9. Father's Occupation, *Baker*

10. Father's Birthplace, *Baltimore*

Name of Medical Attendant, or other Person who makes this Return, *Mary Stein*

Address, *151 E. Pratt St.*

Remarks,



of persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 85336

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd
 Sex, (state whether male or female) Female
 Race or Color, (if not of the white race) White
 Date of Birth, Aug 22 1886
 Place of Birth, (Street and Number) 32 Richmond Street
 Full Name of Mother, Margaret Reagan
 Mother's Maiden Name, Bethan
 Mother's Birthplace, Baltimore
 Full Name of Father, Thomas Reagan
 Father's Occupation, Shoe Maker
 Father's Birthplace, Ireland
 Name of Medical Attendant, or other Person who makes this Return, C. B. Hamble M.D.
 Address, 59 Cathedral
 Remarks,



for each offense to be recovered as other laws and regulations are recoverable

RETURN OF A BIRTH 88337

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, Balto Aug 22nd 1886

4. Place of Birth, (Street and Number) 3 Duncan Alley

5. Full Name of Mother, Lina Rübeck

6. Mother's Maiden Name, Lina North

7. Mother's Birthplace, Germany

8. Full Name of Father, George Rübeck

9. Father's Occupation, Baker

10. Father's Birthplace, Germany

Name of Medical Attendant, or other Person who makes this return. Mrs Mary Amend

Address, 137 South Wolfe St

Remarks,



RETURN OF A BIRTH

83335

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Balto Aug 22nd 1886.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, Balto Aug 22nd 1886

4. Place of Birth, (Street and Number) 215 Register Street

5. Full Name of Mother, Annie Damm

6. Mother's Maiden Name, Annie Richter

7. Mother's Birthplace, America

8. Full Name of Father, Joseph Damm

9. Father's Occupation, Laborer

10. Father's Birthplace, America

Name of Medical Attendant, or other Person who makes this Return, Mrs. Mary Amend

Address, 137 South Wolfe St

Remarks, H

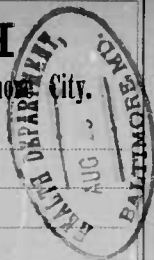


For each officer to be recovered as other lines and forfeitures are recoverable.

or person who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

6 (88339)

Sex, (state whether male or female) male

2. Race or Color, (if not of the white race) colored

3. Date of Birth, August 22

4. Place of Birth, (Street and Number) Presbiterian Hughes St No 2

5. Full Name of Mother, Hanna Harris

6. Mother's Maiden Name, Hanna Harris

7. Mother's Birthplace, Colbert County MS

8. Full Name of Father, George Harris

9. Father's Occupation, Sailor

10. Father's Birthplace, Colbert County

Name of Medical Attendant, or other Person who makes this Return.

Isaac Tascas

Address,

No 224 Hughes Street

Remarks,

RETURN OF A BIRTH 88340

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st Child

1. Sex, (state whether male or female) _____

2. Race or Color, (if not of the white race) _____

3. Date of Birth, _____

4. Place of Birth, (Street and Number) _____

5. Full Name of Mother, _____

6. Mother's Maiden Name, _____

7. Mother's Birthplace, _____

8. Full Name of Father, _____

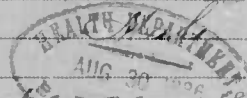
9. Father's Occupation _____

10. Father's Birthplace, _____

Name of Medical Attendant, or other Person who makes this Return. _____

Address, _____

Remarks, _____



64 Garrison St.
Baltimore Md.

Minnie Figgins
Wells

America

John Figgins
Laborer

America

J. Schwasser, M.D.
330 Hanover St.

Birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be present, the mother shall report the birth to the Commissioner of Health, in the manner and within the period allowed by law, and the parents of such child to the Registrar of Vital Statistics, Board of Health, Baltimore City, for each offense to be fined as other laws and regulations are recoverable.

RETURN OF A BIRTH

88341

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

3

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

Colored

3. Date of Birth,

22

August

4. Place of Birth, (Street and Number)

384 Montgomery Street

5. Full Name of Mother,

Lucy Hall

6. Mother's Maiden Name,

Lucy White

7. Mother's Birthplace,

Accomack Co Va

8. Full Name of Father,

Jesse White

9. Father's Occupation,

Clayton mander

10. Father's Birthplace,

Accomack Co Va

Name of Medical Attendant, or other Person who makes this Return

Wm J J J J

Address,

181 York Street

Remarks,



Birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be present, the mother shall be required to report the birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 88342

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Fifth
Female



1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

Aug 22 1886

4. Place of Birth, (Street and Number)

No 21 N Eden St

5. Full Name of Mother,

Sophia Stallings

6. Mother's Maiden Name,

" Lucas

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Wm C. Stallings

9. Father's Occupation,

Hardware

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return

Henry A. Alling

Address, *281 N. Long St*

Remarks,

be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person, or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense in the same manner as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

88343

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2nd

1. Sex, (state whether male or female)

female

2. Race or Color, (if not of the white race)

white

3. Date of Birth,

August 26, 1896

4. Place of Birth, (Street and Number)

172 Bank St.

5. Full Name of Mother,

Sarah Townsend

6. Mother's Maiden Name,

Sarah Murray

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Thomas Townsend

9. Father's Occupation,

Engineer

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return.

Mary L. Swaine

Address,

59 Luzerne St.

Remarks,



Birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons at such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subject to the fine of ten (10) dollars for each offense to be recovered.

RETURN OF A BIRTH 88344

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Seventh*

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race)

3. Date of Birth, *Aug 23 1886*

4. Place of Birth, (Street and Number) *No 30 E. Biddle*

5. Full Name of Mother, *Mary Kaufman*

6. Mother's Maiden Name, *DeLeon*

7. Mother's Birthplace, *Germany*

8. Full Name of Father, *Adam Kaufman*

9. Father's Occupation, *Printer*

10. Father's Birthplace, *Germany*

Name of Medical Attendant, or other Person who makes this Return. *Henry A. Howell*

Address, *24 W. Longstreet*

Remarks,



certificate between the first and third day of each and every month to the Registrar of the Commission of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child to report its birth to the Commissioner of Health in the manner and within the period above required, and any such person or persons who shall fail to do so shall be liable to a fine of ten (10) dollars for each offense to be recovered in other fines and forfeitures are recoverable.

RETURN OF A BIRTH 88345

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, Aug 15 1893

4. Place of Birth, (Street and Number) 367 W. Lombard St

5. Full Name of Mother, Mary E. Pullard

6. Mother's Maiden Name, Mary E. Pullard

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Michael J. Long

9. Father's Occupation, Carriage Manufacturer

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return Susan Hunter

Address, 21 N. Bayreton St

Remarks,

be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such kind to report its birth to the Registrar of Vital Statistics, Baltimore City, within the time specified above, and any such person who fails to do so shall be liable to a fine of not less than five dollars nor more than ten dollars, and any such person for each offense to be recovered as other fines and forfeitures are recoverable.

certificate between the first and third day of each and every month to the files of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately after it shall be the duty of the person or persons of such child to cause a return to be made to the files of the Commissioner of Health, and every such return shall be subject to the fine of ten (\$10) dollars for each offense to be recovered.

RETURN OF A BIRTH

98.346

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Sixth.*
1. Sex, (state whether male or female) *Male.*
2. Race or Color, (if not of the white race) *White.*
3. Date of Birth, *Aug. 23d 1914*
4. Place of Birth, (Street and Number) *Maternity, 141 W. Lombard St.,*
5. Full Name of Mother, *Mary Thompson,*
6. Mother's Maiden Name, *Mary Reary,*
7. Mother's Birthplace, *Maryland.*
8. Full Name of Father, *Nicholas Thompson,*
9. Father's Occupation, *Farmer.*
10. Father's Birthplace, *Maryland.*
- Name of Medical Attendant, or other Person who makes this Return, *D. L. Ankrim, M. D.*
- Address, *Maternity, 141 W. Lombard St.,*
- Remarks,

RETURN OF A BIRTH 88317

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

His Child

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth, 23rd August 1886

~~at section P. H. Ave. str.~~

4. Place of Birth, (Street and Number)

Hudson St. Near str.

5. Full Name of Mother,

Marg White

6. Mother's Maiden Name,

Walton

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Nicolas White

9. Father's Occupation,

Driver

10. Father's Birthplace,

Ireland.

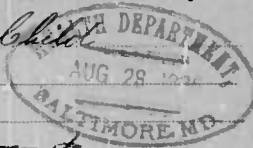
Name of Medical Attendant, or other Person who makes this Return.

Mr. Wiley

Address,

30 Patterson Park Ave.

Remarks,



be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child to report his birth to the Commissioner of Health, in the manner and within the time and place specified in the regulations, or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 88348

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth Aug. 23. 1886

4. Place of Birth, (Street and Number) 430 East Ave.

5. Full Name of Mother, Mary Casey

6. Mother's Maiden Name, Casey

7. Mother's Birthplace, Baltimore

8. Full Name of Father, James Casey

9. Father's Occupation, Driver

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mrs. Seabright

Address, 220 Montgomery St.

Remarks,



Birth of any child shall occur without the attendance of a physician or midwife, or any other person, who shall be in attendance upon the mother, immediately thereafter it shall become the duty of the person so attending to report its birth to the Commissioner of Health in the manner and form provided in this section, and any such person or persons who shall be guilty of neglecting to do so, shall be subject to the fine of ten (10) dollars for each offense to be recovered.

RETURN OF A BIRTH ⁸¹³⁴⁷

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7

1. Sex, (state whether male or female) Boy

2. Race or Color, (if not of the white race) Caucasian

3. Date of Birth, Aug 7 1886

4. Place of Birth, (Street and Number) 21 Hochhausen street

5. Full Name of Mother, Mollie Walpied

6. Mother's Maiden Name, Mollie Dyer

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Mathias Walpied

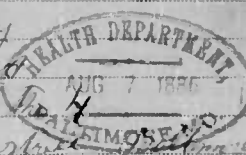
9. Father's Occupation, Brick yard

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return. Lorine Mills

Address, 22 Hochhausen street

Remarks, Doing well



Birth of any child shall secure without the attendance of a physician or midwife, or without the other person named in this section, the person who shall become the duty of the person or persons of such child, to report his birth to the Registrar of Vital Statistics, Board of Health, in the manner and within the period above required, and any such person or persons who shall neglect or fail to comply with the provisions of this section, shall be subject to the fine of ten (10) dollars for each offense, and such fine and forfeitures are recoverable.

RETURN OF A BIRTH 88350

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Aug 23rd 1886

4. Place of Birth, (Street and Number)

Greenmount - av. 115

5. Full Name of Mother,

Sophie Baumann

6. Mother's Maiden Name,

Holt

7. Mother's Birthplace,

Germany

8. Full Name of Father,

Michael Baumann

9. Father's Occupation,

Locksmith

10. Father's Birthplace,

Germany

Name of Medical Attendant, or other Person who makes this Return.

Mrs W. B. Craig

Address,

4 S Holl and St

Remarks,

Birth of any child shall occur without the attendance of a physician or practitioner of medicine, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child to report its birth to the Commissioner of Health, within the time specified in this section, and the mother or father of such child, or person who shall be the father or mother of such child, shall be subjected to a fine of ten (10) dollars for each offense to be recovered.

RETURN OF A BIRTH P5351

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1
1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) _____
3. Date of Birth, Aug 23 1886
4. Place of Birth, (Street and Number) 103 S. Spring St.
5. Full Name of Mother, Christine Bunker
6. Mother's Maiden Name, Schuhmann
7. Mother's Birthplace, Baltimore
8. Full Name of Father, John Bunker
9. Father's Occupation, Police Officer
10. Father's Birthplace, Baltimore
- Name of Medical Attendant, or other Person who makes this Return. Mary Heine
- Address, 151 E. Pratt St.
- Remarks, _____

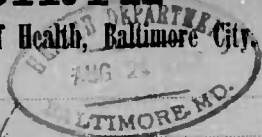


Be in attendance upon the mother, immediately thereafter, if said fee, upon the duty of the person or persons of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

88352

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female) it is Female

2. Race or Color, (if not of the white race) it is a Colored Child

3. Date of Birth, it Was Born on the 23 of August 1886

4. Place of Birth, (Street and Number) Born in Harmony Lane No 51

5. Full Name of Mother, Mother name Mrs Annie Bolden Brook

6. Mother's Maiden Name, mother name Annie Bolden

7. Mother's Birthplace, She Was Born in Baltimore, Md

8. Full Name of Father, father name is Joseph Brook

9. Father's Occupation, father Business Driving

10. Father's Birthplace, father Was Born in Baltimore Md

Name of Medical Attendant, or other Person who makes this Return, no Doctor Was required

Address, Mid Wife Hairrett hut Lane No 93 Harmony Lane

Remarks,

be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

98353

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d. &c.)

The 3 Child

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth.

Dec 23 of Aug. 1886

4. Place of Birth, (Street and Number)

No 19 Gatz Court

5. Full Name of Mother,

Annai Celia McWilliams

6. Mother's Maiden Name,

Annai Celia McWilliams

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Quinn Thomas McWilliams

9. Father's Occupation,

Blacksmith

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return

Mrs C. H. Lauer

Address,

No 173 Kaysford Ave

Remarks,

B. C. M. H.

1886



be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child to report its birth to the Commissioner of Health, in the manner of this section, shall be subjected to the fine of ten (10) dollars for each omission to be so reported as other fine and infirmities are recoverable.

RETURN OF A BIRTH.

88354

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Henry William Miller
No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *7th*

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth *Aug 23rd 1886*

4. Place of Birth, (Street and Number) *473 Bank St*

5. Full Name of Mother, *Mrs Sophia Miller*

6. Mother's Maiden Name, *Lebright*

7. Mother's Birthplace, *Baltimore*

8. Full Name of Father, *Henry Miller*

9. Father's Occupation, *Engineer*

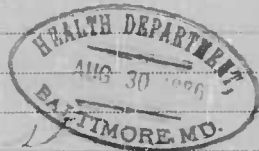
10. Father's Birthplace, *Germany*

Name of Medical Attendant, *Dr. Gortzke*
or other Person who makes this Return.

Address, *455 S B and St*

Remarks, *GTED CASE ADDED 4-2-53*

L.M.



In attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child, or report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the duty of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

Feb 3 55

use in any advance upon the mother, immediately at the time of such income tax duty of the person of father or mother, and any such person shall be liable to pay the same, in the manner and within the period above required, and any such person who fails to do so shall be liable to a fine of not more than ten dollars, and any such person who attempts to evade or prevent or who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other taxes and forfeitures are recoverable.

HEALTH DEPARTMENT,
AUG 23 1914
BALTIMORE, MD.

- Name of Medical Attendant, or other Person who makes this Return. *anne H. ben*

Address,

Remarks,

RETURN OF A BIRTH

81356

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth

4. Place of Birth, (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

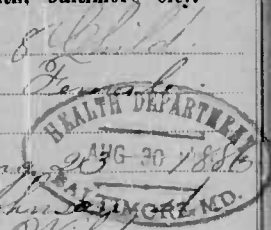
9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return

Address

Remarks



8th Child
Female
Aug 20
89 John St
Matilda Wild
Muller
Germany
August Wild
Laborer
Germany
J. Lohwasser - Midwife
330 Hanover St.

Report the birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall interfere with the regulations of this section, shall be subject to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

ff. 357

to be in attendance upon the instructor, immediately thereafter when, because the duty of the person or parents of such child, to report his birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

Fifth

Male

Colored

August 23rd 1886

No 129 Vine

Mary Smith

Bennett

Baltimore City

Joseph Smith

Druck

Lancaster Pa

Amelia Johnson

6 Hamilton 184

Remarks, -



RETURN OF A BIRTH 88358

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Third

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

3. Date of Birth,

Aug 24 - 86.

4. Place of Birth, (Street and Number)

176. Hamburg

5. Full Name of Mother,

Louisa Wacker

6. Mother's Maiden Name,

" Thiemeysen

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Ad Erman Wacker

9. Father's Occupation,

Piano Tuner (Knabe, Tackman)

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return

Mary Kropf

Address,

328 South Euterop

Remarks,

report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of five (\$5) dollars for each offense to be recovered as other fines and forfeitures are recoverable.



RETURN OF A BIRTH.

88359

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	First
1. Sex (state whether male or female)	Male
2. Race or Color (if not of the white race)	Colored
3. Date of Birth	August 24
4. Place of Birth (Street and Number)	13 Leadenhall St
5. Full Name of Mother	Jessie Tennick
6. Mother's Maiden Name	Leadbetter
7. Mother's Birthplace	Prince Georges Co
8. Full Name of Father	Alexandria Conner
9. Father's Occupation	Laborer
10. Father's Birthplace	W. Va.
Name of Medical Attendant, or other Person who makes this Return.	Frankie Granby
Address	89 Leadenhall St
Remarks.	Dr. King M. C.



RETURN OF A BIRTH

88360

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2^d

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Aug 24th 1886

4. Place of Birth, (Street and Number)

3911 S. Charles St

5. Full Name of Mother,

May L. G. G. G.

6. Mother's Maiden Name,

W. C. G. G.

7. Mother's Birthplace,

Virginia

8. Full Name of Father,

John L. Douglas

9. Father's Occupation,

Conductor

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return.

Theodore Decker M.D.

Address,

140 E. Howard St

Remarks,

or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

Report the birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other time and forfeitures are recoverable.

RETURN OF A BIRTH 88361

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

7 Child

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

24 of August

4. Place of Birth, (Street and Number)

Baltimore City 37 North Mount St

5. Full Name of Mother,

Charlotte Heaven

6. Mother's Maiden Name,

Charlotte Woods

7. Mother's Birthplace,

Philadelphia

8. Full Name of Father,

James Heaven

9. Father's Occupation,

laboring man

10. Father's Birthplace,

Baltimore City

Name of Medical Attendant, or other Person who makes this Return

Mrs. Dumbler

Address,

20

Shroder St

Remarks,

Healthy Child



RETURN OF A BIRTH 88362

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race)

3. Date of Birth, Aug 24th 1886

4. Place of Birth, (Street and Number) 2nd Floor Place

5. Full Name of Mother, Maggie Quinn

6. Mother's Maiden Name, " " " "

7. Mother's Birthplace, City

8. Full Name of Father, John Quinn

9. Father's Occupation, Plumber

10. Father's Birthplace, City

Name of Medical Attendant, or other Person who makes this Return, Mrs. Elizabeth C. C. C.

Address, 120 Bank St

Remarks,

report to birth to the Registrar of Health, in the manner and within the period above required, and any such person or person who shall fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other laws and regulations are recoverable.

RETURN OF A BIRTH

88363

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *One child*

1. Sex, (state whether male or female)

Male

2. Race or Color. (if not of the white race)

Colored

3. Date of Birth,

Aug 24 1896

4. Place of Birth, (Street and Number)

184 Chas

5. Full Name of Mother,

Maria Chambers

6. Mother's Maiden Name.

Maria Benson

7. Mother's Birthplace,

St Mary Co Md

8. Full Name of Father,

Permy Chambers

9. Father's Occupation,

Labr

10. Father's Birthplace,

St Mary Co Md

Name of Medical Attendant, or other Person who makes this Return.

Lucinda Woodford

Address,

130 Register St

Remarks,



report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

88364

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth Aug 24th

4. Place of Birth, (Street and Number) # 83 Alameda

5. Full Name of Mother, Mrs Louisa Pohl

6. Mother's Maiden Name, Kotsch

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Herman Pohl

9. Father's Occupation, Police Officer

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return, Mrs Goetz

Address, # 508 Bait St

Remarks,



RETURN OF A BIRTH.

88365A

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c) 4.

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race) White

3. Date of Birth August 24 1886

4. Place of Birth (Street and Number) 89 Cross St

5. Full Name of Mother Monica Geer

6. Mother's Maiden Name Monica Eagen

7. Mother's Birthplace Clark County Indiana

8. Full Name of Father John Geer

9. Father's Occupation Car maker

10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. Annie Clark

Address

Remarks

of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

81366

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

11th

1. Sex (state whether Male or Female)

Female

2. Race or Color (if not of the white race)

White

3. Date of Birth

July 24th 1886

4. Place of Birth (Street and Number)

323 N. Broadway

5. Full Name of Mother

Virginia H. Spingard

6. Mother's Maiden Name

Virginia H. Robinson

7. Mother's Birthplace

Virginia

8. Full Name of Father

Arthur C. Spingard

9. Father's Occupation

Salesman

10. Father's Birthplace

Balto. City

Name of Medical Attendant, or other Person who
makes this Return.

A. G. Watson

Address

399 N. Central

Remarks

Birth of child of mother of the mother of such child or children
of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH

88367

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *One*

1. Sex, (state whether male or female) *Female*

2. Race or Color, (if not of the white race) *Colored*

3. Date of Birth, *Aug 24, 1888*

4. Place of Birth, (Street and Number) *St. Regis St*

5. Full Name of Mother, *Mrs. M. C. C. C.*

6. Mother's Maiden Name, *Mary Ann C. C.*

7. Mother's Birthplace, *Sumner Co. Md.*

8. Full Name of Father, *John C. C.*

9. Father's Occupation, *Fuller, Clothing Store*

10. Father's Birthplace, *Fuller Co. Md.*

Name of Medical Attendant, or other Person who makes this Return, *Sacred Heart Hospital*

Address, *1300 Regester St*

Remarks,



Birth of any child shall occur a return for the attendance of a physician or midwife, or should be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any person who shall fail to comply with the provisions of this act, shall be liable to the fine of ten (\$10) dollars for each offence to be recovered.

RETURN OF A BIRTH 88368

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *First*

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race) *Colored*

3. Date of Birth, *August 24th 1886*

4. Place of Birth, (Street and Number) *No 65 Davis St.*

5. Full Name of Mother, *Mary Haynes*

6. Mother's Maiden Name, *Locks*

7. Mother's Birthplace, *Baltimore City*

8. Full Name of Father, *Charles W. Haynes*

9. Father's Occupation, *Porter*

10. Father's Birthplace, *Norfolk Va.*

Name of Medical Attendant, or other Person who makes this Return. *Amelia Johnson*

Address, *No 6 Hamilton St.*

Remarks,



Persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (\$10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

188369

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,



White
465 W
Sept 24/86
- da Trivers
Waters -
Baltimore Co Md
Trivers
Mechanic
Baltimore

J. L. Shaw
28 W. Lombard

Report the birth of every child born in Baltimore City, and the mother fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

report its birth to the Commissioner of Health, in the manner and within the period above required, and pay such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 88370

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

3. Date of Birth,

Aug 24/1888

4. Place of Birth, (Street and Number)

No 336 Orleans

5. Full Name of Mother,

Mary E. Kellel

6. Mother's Maiden Name,

Balto

7. Mother's Birthplace,

Idk

8. Full Name of Father,

John G. Kellel

9. Father's Occupation,

Polter

10. Father's Birthplace,

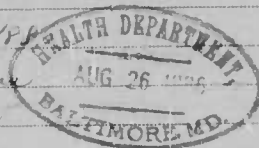
Balto

Name of Medical Attendant, or other Person who makes this Return.

Mary A. Howell

Address, 286 N. Danforth St

Remarks,



RETURN OF A BIRTH 88371

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4 ^{4th Child}

1. Sex, (state whether ~~male~~ or female)

2. Race or Color, (if not of the white race) Colored

3. Date of Birth, August the 24. 1886

4. Place of Birth, (Street and Number) S. Dallas St. No 60.

5. Full Name of Mother, Rosa Sampson

6. Mother's Maiden Name, Rosa Williams

7. Mother's Birthplace, Balt^{ic} City

8. Full Name of Father, George H. Sampson

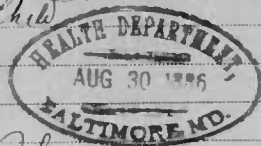
9. Father's Occupation, Laborer

10. Father's Birthplace, Balt^{ic} City

Name of Medical Attendant, or other Person who makes this Return, Mary E. Miller

Address, S. Dallas St. No 26

Remarks,



report its birth to the Commissioner of Health, in the manner and within the period here required, and any such person or persons who shall hereafter fail to comply with this provision, shall be subjected to the fine of ten (10) dollars for each child as to be recovered as other fines and forfeitures are recoverable.

report his birth to the Commissioner of Health, in the manner and within the period above required, and pay such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH ⁸⁸³⁷²

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *4th*

1. Sex, (state whether male or female) *female*

2. Race or Color, (if not of the white race) *white*

3. Date of Birth, *August 24, 1886*

4. Place of Birth, (Street and Number) *59 Patuxent*

5. Full Name of Mother, *Annie Hancock*

6. Mother's Maiden Name, *Maryie Burlingham*

7. Mother's Birthplace, *Philadelphia*

8. Full Name of Father, *Jas. Hancock*

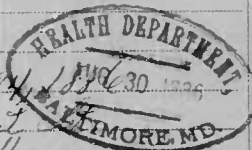
9. Father's Occupation, *laborer*

10. Father's Birthplace, *Anne Arundel*

Name of Medical Attendant, or other Person who makes this Return. *Mary L. Swayer*

Address, *59th Luzerne*

Remarks, *1.*



RETURN OF A BIRTH ⁸⁸³⁷³

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2*

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

3. Date of Birth,

25 August

4. Place of Birth, (Street and Number)

15 Little Bohem

5. Full Name of Mother,

Katie Streeter

6. Mother's Maiden Name,

Cringstorf

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Louis Streeter

9. Father's Occupation,

Tailor

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return.

Sarah Casper

Address,

72 E. Lombard

Remarks,



or persons who shall thereafter fail to comply with the provisions of this section, shall be subjected to the fine of \$10, or imprisonment for each offense to be recovered as other fines and forfeitures are recoverable.

Report for birth to the Commissioner of Health, in the manner and within the period herein required, and any such person or persons failing to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other laws and forfeitures are recoverable.

RETURN OF A BIRTH ⁸⁸³⁷⁶

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 12

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) Colored

3. Date of Birth, 25

4. Place of Birth, (Street and Number) Stockholm 21

5. Full Name of Mother, Liza Jane Melch

6. Mother's Maiden Name, Liza Jane Mills

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Henry Melch

9. Father's Occupation, Laborer

10. Father's Birthplace, Cambridge

Name of Medical Attendant, or other Person who makes this Return, Laurenia Mills

Address, Stockholm St No 2

Remarks, Mother doing well



RETURN OF A BIRTH ⁸⁸³⁷⁵

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *5th*

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *Aug 24th 1888*

4. Place of Birth, (Street and Number) *781 Bank St*

5. Full Name of Mother, *Mrs. J. J. J. J. J.*

6. Mother's Maiden Name, *Mary*

7. Mother's Birthplace, *Baltimore*

8. Full Name of Father, *Charles J. J. J.*

9. Father's Occupation, *Messenger in the General Post Office*

10. Father's Birthplace, *Baltimore*

Name of Medical Attendant, or other Person who makes this Return, *Mrs. Hannah J. J.*

Address, *305 East Pratt St*

Remarks,



Report its birth to the Commissioner of Health in the manner and within the period above required, and any such person or person who fails to do so, shall be subject to the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH ⁸⁸³⁷⁶

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, November 25 1888

4. Place of Birth, (Street and Number) Baltimore 8 no street

5. Full Name of Mother, Becky Jackson

6. Mother's Maiden Name, Becky Lilly

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Edmond Jackson

9. Father's Occupation, drive a lumber wagon

10. Father's Birthplace, Anne Arundel County

Name of Medical Attendant, or other Person who makes this Return, Josh Russell Duvall

Address, 409 Foster St

Remarks,



Report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH ⁸⁸³⁷⁷

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

3. Date of Birth.

25 August

4. Place of Birth. (Street and Number)

63 President

5. Full Name of Mother,

Mary Cracker

6. Mother's Maiden Name,

Helamen

7. Mother's Birthplace,

Italy

8. Full Name of Father,

Archangel Cracker

9. Father's Occupation,

Confectioner

10. Father's Birthplace,

Italy

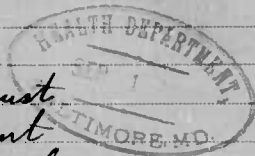
Name of Medical Attendant, or other Person who makes this Return.

Sarah C. Asper

Address,

72 E. Lombard

Remarks,



no persons who shall hereafter fail to comply with the provisions of this section, shall be subject to the fine of \$10. Dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH ⁸⁸³⁷⁸

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *11 6 child.*

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *23rd of Aug. 1886*

4. Place of Birth, (Street and Number) *390 Union Avenue*

5. Full Name of Mother, *Annie Elizabeth P. Conner*

6. Mother's Maiden Name, *Baker*

7. Mother's Birthplace, *Baltimore*

8. Full Name of Father, *John A. Conner*

9. Father's Occupation, *Laborer*

10. Father's Birthplace, *Baltimore*

Name of Medical Attendant, or other Person who makes this Return. *Mr. Wiley*

Address, *No. 30 Patterson Park Ave.*

Remarks,

RETURN OF A BIRTH

88379

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

- No. of Child of Mother. (state whether 1st, 2d, 3d, &c.) *4th*
1. Sex (state whether male or female) *Female*
2. Race or Color, (if not of the white race) *dark brown skin*
3. Date of Birth, *25th of August 1886*
4. Place of Birth, (Street and Number) *Caro street No 10*
5. Full Name of Mother, *Eliyer Mason*
6. Mother's Maiden Name, *Eliyer Mason*
7. Mother's Birthplace, *City of Baltimore*
8. Full Name of Father, *John Ford*
9. Father's Occupation, *Lumber filer*
10. Father's Birthplace, *Fredicksburg Va*
- Name of Medical Attendant, or other Person who makes this Return *Lydia Somerville*
- Address, *Clinton ave 13*
- Remarks,

RETURN OF A BIRTH 88380

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

One child

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

Colored

3. Date of Birth,

May 2 1886

4. Place of Birth, (Street and Number)

27 Canton St

5. Full Name of Mother,

Mollie Boston

6. Mother's Maiden Name,

Mollie Jackson

7. Mother's Birthplace,

Eastern Shore

8. Full Name of Father,

John Boston

9. Father's Occupation,

Labor

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return.

Lucinda Woodford

Address,

130 Register St

Remarks,



be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 88381

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

5

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Aug 25

4. Place of Birth, (Street and Number)

570 Clifford

5. Full Name of Mother,

Rosa Sulpy

6. Mother's Maiden Name,

McDonald

7. Mother's Birthplace,

Ireland

8. Full Name of Father,

Edw Duffy

9. Father's Occupation,

Stone cutter

10. Father's Birthplace,

IO alt

Name of Medical Attendant, or other Person who makes this Return.

Geo R Graham

Address,

13 Columbia ave

Remarks,



or persons who shall hereafter fail to comply with the provisions of this act, shall be subjected to the fine of ten dollars for each offense to be recovered as other dues and forfeitures are recoverable.

RETURN OF A BIRTH⁸⁸³⁸²

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

7. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. *Place of Birth, (Street and Number)*

5. Full Name of Mother,

5. *Mother's Maiden Name*

7. *Mother's Birthplace.*

8. *Full Name of Father,*

9. *Father's Occupation,*

10. *Father's Birthplace,*

Name of Medical Attendant, or other Person who makes this Return.

Address.



RETURN OF A BIRTH 88383

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) male

2. Race or Color, (if not of the white race) white

3. Date of Birth, August 25th 1886

4. Place of Birth, (Street and Number) 62 Harrison St.

5. Full Name of Mother, Abellie Mangraver

6. Mother's Maiden Name,

7. Mother's Birthplace, Europe

8. Full Name of Father, Solomon Mangraver

9. Father's Occupation, Laborer

10. Father's Birthplace, Europe

Name of Medical Attendant, or other Person who makes this Return. Mrs. C. Bernstein

Address, 417 S. Euter St.

Remarks,



for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

98384

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. Sex, (state whether male or female) male

2. Race or Color, (if not of the white race) white

3. Date of Birth, Aug 25th

4. Place of Birth, (Street and Number) 22 Maryland St

5. Full Name of Mother, Elizabeth Bengel

6. Mother's maiden Name, Elizabeth Muller

7. Mother's place, Baltimore

8. Full Name of Father, Frederick Bengel

9. Father's Occupation, Barber

10. Father's Birthplace, Germany

Name of Medical Attendant, or other Person who makes this Return Mrs. Meyer

Address,

Remarks, 24 Columbia Ave



or persons who shall deliver this in compliance with the provisions of the Act, shall be liable to a fine of \$100, or to imprisonment for each offense to be recovered as other fines and forfeitures are recoverable.

or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected in the fine of ten (10) dollars for each offense to be recovered as other laws and ordinances are recoverable.

GIVEN NAME ADDED 10-17-51
RETURN OF A BIRTH

88386

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: *Charles Herbert Brown*
No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *3d*



1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race) *white*

3. Date of Birth, *Aug 25 1885*

4. Place of Birth, (Street and Number) *1256 Randell St*

5. Full Name of Mother, *Ida Brown*

6. Mother's Maiden Name, *Ida Lord*

7. Mother's Birthplace, *Caroline Co. Md*

8. Full Name of Father, *Samuel Brown*

9. Father's Occupation, *Brick Layer*

10. Father's Birthplace, *Baltimore city md*

Name of Medical Attendant, or other Person who makes this Return, *Charles Hinton*

Address, *12707 South Charles St*

Remarks,

RETURN OF A BIRTH

18386

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *First*

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race) *W.*

3. Date of Birth, *Aug 25 - 1886*

4. Place of Birth, (Street and Number) *354 N Ave St.*

5. Full Name of Mother, *Jessie Murray*

6. Mother's Maiden Name, _____

7. Mother's Birthplace, *Washington D.C.*

8. Full Name of Father, *Unknown*

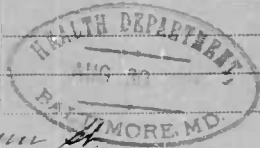
9. Father's Occupation, _____

10. Father's Birthplace, _____

Name of Medical Attendant, or other Person who makes this Return.

Address, _____

Remarks, *Immature birth*



E. M. Britton M.D.

124 S Broadway

for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 1887

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 5th
1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) White
3. Date of Birth 25th August
4. Place of Birth, (Street and Number) 456 E Chase St.
5. Full Name of Mother, Kate Sticha
6. Mother's Maiden Name, Kate Ruben
7. Mother's Birthplace, Bohemia
8. Full Name of Father, Joseph Sticha
9. Father's Occupation, Druggist
10. Father's Birthplace, Bohemia
- Name of Medical Attendant, or other Person who makes this Return. Wife
- Address, Theresia Mercl 268 N Wolfe St
- Remarks, Baltimore 30 August 1886



of persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 88388

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *3rd*

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race) *white*

3. Date of Birth, *25th of June 1886*

4. Place of Birth, (Street and Number) *No. 434 West Baltimore St. Baltimore*

5. Full Name of Mother, *Emma Fisher*

6. Mother's Maiden Name, *Emma Betz*

7. Mother's Birthplace, *Baltimore Md.*

8. Full Name of Father, *William Finley Fisher*

9. Father's Occupation, *Letter-carrier*

10. Father's Birthplace, *Baltimore Md.*

Name of Medical Attendant, or other Person who makes this Return *Mrs. Wampler*

Address, *20 North Schaefer St.*

Remarks,



for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 88889

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *First*

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *Aug 25th 1896*

4. Place of Birth, (Street and Number) *56 President St*

5. Full Name of Mother, *Catharine Rosh*

6. Mother's Maiden Name, *Rose*

7. Mother's Birthplace, *Balt. City*

8. Full Name of Father, *Henry Rosh*

9. Father's Occupation, *Greer*

10. Father's Birthplace, *Balt City*

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,



*E. J. Button M.D.
124 Broadway*

report its birth to the Commissioner of Health, in the manner and within the period above required, and any person who shall heretofore fail to comply with the provisions of this act, shall be liable to the fine of ten (10) dollars for each offense to be recovered as other fine and forfeitures are recoverable.

RETURN OF A BIRTH 883911

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *the 9. hode*
1. Sex, (state whether male or female) *female child*
2. Race or Color, (if not of the white race) *color child*
3. Date of Birth, *the 25 of august*
4. Place of Birth, (Street and Number) *77 Goodmond alley*
5. Full Name of Mother, *Sissy Mellor*
6. Mother's Maiden Name, *Sissy healing*
7. Mother's Birthplace, *boldest can top*
8. Full Name of Father, *Richit-Wiley*
9. Father's Occupation, *Carmor*
10. Father's Birthplace, *harford county*
- Name of Medical Attendant, or other Person who makes this Return. *Mellor y gors*
- Address, *181. yor n sheet*
- Remarks,



report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

18391

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Third Child
BALTIMORE MD.

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

26 of August

4. Place of Birth, (Street and Number)

104 W. E. St.

5. Full Name of Mother,

Margaret Conig

6. Mother's Maiden Name,

Margaret D. Conig

7. Mother's Birthplace,

Ireland

8. Full Name of Father,

James H. Conig

9. Father's Occupation,

Shoe Maker

10. Father's Birthplace,

Dorchester County Maryland

Name of Medical Attendant, or other Person who makes this Return.

Wm. B. Galtman

Address,

224 N. E. Baltimore

Remarks,

M.D.

report its birth to the Commissioner of Health in the manner and within the period above required, and if it fails to do so, it shall be liable to a fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

Report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

51392

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

Colored

3. Date of Birth,

Aug 26, 1886.

4. Place of Birth, (Street and Number)

9 Temple St.

5. Full Name of Mother,

Martha Traverser.

6. Mother's Maiden Name,

Martha Scott.

7. Mother's Birthplace,

Maryland.

8. Full Name of Father,

William Traverser.

9. Father's Occupation,

Barber.

10. Father's Birthplace,

Maryland.

Name of Medical Attendant,

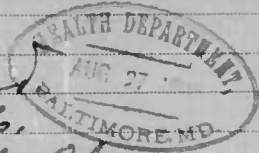
or other Person who makes this Return.

Harley Thomas.

Address,

144 Chestnut St.

Remarks,

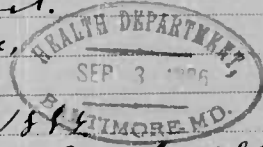


RETURN OF A BIRTH

88393

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *First.*
1. Sex, (state whether male or female) *Female.*
2. Race or Color, (if not of the white race) *White.*
3. Date of Birth, *Aug. 26, 1884*
4. Place of Birth, (Street and Number) *Maternity, 161 W. Lombard St.*
5. Full Name of Mother, *Mary Paul.*
6. Mother's Maiden Name, *D. A.*
7. Mother's Birthplace, *Maryland.*
8. Full Name of Father, _____
9. Father's Occupation, _____
10. Father's Birthplace, _____
- Name of Medical Attendant, or other Person who makes this Return, *R. F. Ankrim, M.D.*
- Address, *161 W. Lombard St.*
- Remarks, _____



Birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall be the duty of the person so attending to report its birth to the Commissioner of Health within the period above required, and any such person who fails to do so shall be liable to a fine of ten dollars for each offense in the same manner as other fines and forfeitures are recoverable.

88394

Birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child to report in birth to the Commissioner of Health, in the manner and within the period above required, and any child born to persons who shall thereafter fail to comply with the provisions of this section, shall be subject to the fine of ten (10) dollars for each offense but shall not be a crime and shall be a recoverable.

Second,

General

White

Recd. 24. 1. 88

Mathews 141 N. Lombard St.

Emily Shaw.

Ernst L. Lohme

Maryland

D. B. Shaw

Robert

Henry James.

L. G. Quaker M.D.

161 W. Cambridge St.

Remarks,

RETURN OF A BIRTH

88395

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Aug. 26th

4. Place of Birth, (Street and Number)

No. 2 Park St.

5. Full Name of Mother,

Maria Jauerwald

6. Mother's Maiden Name,

M. Ruchen

7. Mother's Birthplace,

Biden Germany

8. Full Name of Father,

Jacob Jauerwald

9. Father's Occupation,

Musician

10. Father's Birthplace,

Larmstad Germany

Name of Medical Attendant, or other Person who makes this Return.

Mrs. Schach

Address,

1439 N. Pratt St.

Remarks,



See the attendance upon the mother, immediately thereafter, a small return, the duty of the person or persons of such child to report its birth to the Registrar of Vital Statistics, Baltimore City, within the period above required, and any such person or persons who fail to comply with the provisions of this section, shall be liable to be recovered as other fines, and the return so recovered shall be recoverable.

RETURN OF A BIRTH.

88396

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

3. Date of Birth

Aug 26 1886

4. Place of Birth, (Street and Number)

247 Orleans St.

5. Full Name of Mother,

Bettie Melia

6. Mother's Maiden Name,

Forster

7. Mother's Birthplace,

Balto. Md.

8. Full Name of Father,

George Melia

9. Father's Occupation,

Balto. Md. Steward

10. Father's Birthplace,

Balto. Md.

Name of Medical Attendant, or other Person who makes this Return.

Caroline Miller

Address,

15 W. Walker St. Balto. Md.

Remarks,



be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such class, to report its birth to the Commissioner of Health, in the manner within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 88397

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

3. Date of Birth

Aug. 26. 1886

4. Place of Birth, (Street and Number)

34 Millmont

5. Full Name of Mother,

Sarah Haddaway

6. Mother's Maiden Name,

Reyes

7. Mother's Birthplace,

Balto. Md.

8. Full Name of Father,

Robert Haddaway

9. Father's Occupation,

Laborer

10. Father's Birthplace,

Balto. Md.

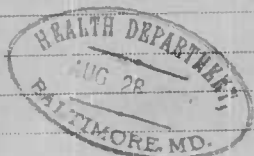
Name of Medical Attendant, or other Person who makes this Return.

Caroline Miller

Address,

415 Walker St. Balto. Md.

Remarks,



be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons or such person report its birth to the Commissioner of Health, in the manner and to the effect herein provided, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

report the birth to the Commissioner of Health in the manner and within the period above required, and any such person or persons who shall be so required to do so, shall be subjected to the fine of \$100 dollars for each offense to be recovered as other laws and ordinances are recoverable.

RETURN OF A BIRTH 88398

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2nd

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

3. Date of Birth,

Aug-26th 1886

4. Place of Birth, (Street and Number)

#362 J. Sharp St.

5. Full Name of Mother,

Louise Jacobs

6. Mother's Maiden Name,

Louise Baifells

7. Mother's Birthplace,

Altenburg, Germany

8. Full Name of Father,

Fredrick Jacobs

9. Father's Occupation,

Cannacker

10. Father's Birthplace,

Balo-Med

Name of Medical Attendant, or other Person who makes this Return.

Mrs. Hange

Address,

426 Cross St

Remarks,



RETURN OF A BIRTH 18399

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

white race

3. Date of Birth

26 of August 1839

4. Place of Birth, (Street and Number)

43 Marion Street

5. Full Name of Mother

Clara Marie Mathias

6. Mother's Maiden Name

Clara Marie Backstie

7. Mother's Birthplace

Riemsloh Europa

8. Full Name of Father

Friedrich Wilhelm Mathias

9. Father's Occupation

Driver

10. Father's Birthplace

Borgholz Europa

Name of Medical Attendant, or other Person who makes this Return

Susan Sluiter

Address

21 of Poppleton St

Remarks

Report the Birth to the Commissioner of Health in the manner and within the period above required, and pay such person or persons as may be appointed by the Board of Health, shall be subjected to the fine of \$10 for each offense for each offense in being required as other duties and forfeitures are recoverable.

RETURN OF A BIRTH 88400

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

The 7 Child

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

The 26 of Aug 1886

4. Place of Birth, (Street and Number)

No 341 Durham

5. Full Name of Mother,

Theresa Koch

6. Mother's Maiden Name,

Theresa Will

7. Mother's Birthplace,

Germany

8. Full Name of Father,

Mike Koch

9. Father's Occupation,

Laborer

10. Father's Birthplace,

Germany

Name of Medical Attendant, or other Person who makes this Return.

Mr E. H. Lauer

Address,

No 173 Maryland Ave

Remarks,

Balt. Md.

1886



Report its birth to the Commissioner of Health, in the manner and within the period above required, and pay such penalty or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as above then and hereafter are recoverable.

report its birth to the Commissioners of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 88401

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

The 1st Child

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth

The 26 of

4. Place of Birth, (Street and Number)

No 275

5. Full Name of Mother

Maggie Lersch

6. Mother's Maiden Name

Maggie Lersch

7. Mother's Birthplace

Baltimore

8. Full Name of Father

John Lersch

9. Father's Occupation

Barber

10. Father's Birthplace

Baltimore

Name of Medical Attendant, or other Person who makes this Return

Mrs Ch Lauer

Address

No 173 Maryland

Remarks

Cal Hill

1886



RETURN OF A BIRTH.

88402

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 7th

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race) White

3. Date of Birth 26. of August 1886

4. Place of Birth (Street and Number) 269 of Wolf St

5. Full Name of Mother Ana Hirt

6. Mother's Maiden Name Ana Suec

7. Mother's Birthplace Bohemia

8. Full Name of Father John Hirt

9. Father's Occupation Carpenter

10. Father's Birthplace Bohemia

Name of Medical Attendant, or other Person who makes this Return. Catalina Pazounek

Address 41. of Bloct St.

Remarks Born Live



of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH, 88403

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether male or female) male

2. Race or Color, (if not of the white race) colored

3. Date of Birth 26 August

4. Place of Birth, (Street and Number) 16 W. Baltimore near 1st St.

5. Full Name of Mother Mrs. William Jones

6. Mother's Maiden Name Mrs. Annie Georgeanna

7. Mother's Birthplace East City

8. Full Name of Father William Jones

9. Father's Occupation Butcher

10. Father's Birthplace Carl County, Md.

Name of Medical Attendant, or other Person who makes this Return. Mrs. Annie Campbell

Address 9 Union Street near 1st St.

Remarks another on child also ill

RETURN OF A BIRTH 88404

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,



As in and to the Act of March 10, 1903, in the manner and within the period above required, and any such person report its birth to the Commissioner of Health, or thereafter fail to comply with the provisions of this section, shall be subject to the fine of ten (10) dollars or persons who shall thereafter fail to comply with the provisions of this section, shall be subject to the fine of ten (10) dollars for each offense to be recovered as other laws and forfeitures are recoverable.

88435

report its share to the Companies and to the Secretary and the Registrar. If a person who is liable to pay a contribution under this section fails to comply with the provisions of this section, that person shall be subject to the fine of ten (10) dollars for each offence but no recovery as to other fines and forfeitures are recoverable.

محمّد

Male

HEALTH DEPARTMENT
SEP 1 1917
1827
D.D.E. MD.

Aug. 26 - 1876

157 S. Durham St.

Mary Morgan

Collier

Fortland Richmond Va

John J. Morgan

Muzicianer

Scotland,

Mary Stein

Remarks,

RETURN OF A BIRTH 88406

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female) female

2. Race or Color, (if not of the white race) white

3. Date of Birth, August 26th 1886

4. Place of Birth, (Street and Number) 112 E Pratt St.

5. Full Name of Mother, Hollie Cox

6. Mother's Maiden Name,

7. Mother's Birthplace, Baltimore

8. Full Name of Father, William Cox

9. Father's Occupation, Laborer

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return, Mrs. G. Bernstein

Address, 42 S. Eager St.

Remarks,



RETURN OF A BIRTH ⁸⁸⁴⁰⁷

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8.

1. Sex, (state whether male or female)

Female.

2. Race or Color, (if not of the white race)

Colored.

3. Date of Birth,

26 of August 1886.

4. Place of Birth, (Street and Number)

234 1/2 Durham St. Baltimore

5. Full Name of Mother,

Hannie Jones

6. Mother's Maiden Name,

Annie Wilson

7. Mother's Birthplace,

210 Mullikin St. Baltimore.

8. Full Name of Father,

Lewis Jones

9. Father's Occupation,

Daily Laborer.

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return.

Mrs. Elizabeth Medbury.

Address,

124 Durham St.

Remarks,



For persons who shall hereafter call to comply with the provisions of this section, shall be subject to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 85108

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Balto Aug 28th 1886.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, Balto Aug 26th 1886.

4. Place of Birth, (Street and Number) 289 East Bank St.

5. Full Name of Mother, Kate Muller.

6. Mother's Maiden Name, Kate Roeder

7. Mother's Birthplace, America.

8. Full Name of Father, Charles Muller.

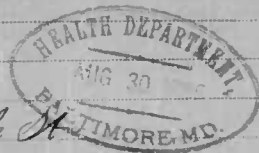
9. Father's Occupation, Engineer.

10. Father's Birthplace, America.

Name of Medical Attendant, or other Person who makes this return. Mrs. Mary Smend,

Address, 157 South Wolfe St.

Remarks, *ll*



Persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fines of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

88409

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

322

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Aug 26th

4. Place of Birth, (Street and Number)

134 Paratoga St

5. Full Name of Mother,

Elizabeth Henneman

6. Mother's Maiden Name,

Elizabeth Light

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

John Henneman

9. Father's Occupation,

Veterinary Physician

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return.

Mrs Oliver

Address,

24 Columbia Ave

Remarks,

Report its birth to the Registrar of Births, in the manner and form provided for in the provisions of this section, shall be subjected to the fine of ten (10) dollars or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other civil and forfeitures are recoverable.

RETURN OF A BIRTH

85410

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Mary Elizabeth Norfolk*

1. Sex, (state whether male or female)

female

2. Race or Color, (if not of the white race)

white

3. Date of Birth,

1886, August the 26th

4. Place of Birth, (Street and Number)

Baltimore, 1st & William St.

5. Full Name of Mother,

Emmeline E. (nee) Norfolk

6. Mother's Maiden Name,

(Richardson) Richardson

7. Mother's Birthplace,

Baltimore, Delveston

8. Full Name of Father,

Richardson Norfolk

9. Father's Occupation,

Baltimore

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return.

Elizabeth Rathorn

Address,

light st. No. 532

Remarks,

CERTIFICATE CORRECTED *16-24-82.*



Report of birth to the Registrar of Vital Statistics, Baltimore City, shall be made by the parent or person who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as civil fines and forfeitures are recoverable.

RETURN OF A BIRTH

88411

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. ☒ Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st

1. Sex, (state whether male or female)

Females
White

2. Race or Color, (if not of the white race)

3. Date of Birth,

Aug 26th 1882

4. Place of Birth, (Street and Number)

810 Warford Ave

5. Full Name of Mother,

Carrie McQuigan

6. Mother's Maiden Name,

Carrie Baldwin

7. Mother's Birthplace,

Cecil County

8. Full Name of Father,

John L. McQuigan

9. Father's Occupation,

Driver

10. Father's Birthplace,

Warford County

Name of Medical Attendant, or other Person who makes this Return

Alfred M. Bell

Address,

128 Cathedral St

Remarks,

Normal



RETURN OF A BIRTH 88412

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

The 2d of 11

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth.

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this return.

Address,

Remarks,



No 465

The 26 of Aug 1886

Josephine Brown

Josephine Keller

Baltimore

North Brown

Sailor

Baltimore

Mrs Ch. Lauer

173 Maryland Ave

Bat Med Coll

1886

report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subject to the fine of ten (\$10) dollars for each offense to be recovered as other laws and ordinances are recoverable.

RETURN OF A BIRTH

5511A3

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th Child

1. Sex, (state whether ~~male~~ or female)

2. Race or Color, (if not of the white race) White

3. Date of Birth, August 24, 1886

4. Place of Birth, (Street and Number) Pine St. No. 12.

5. Full Name of Mother, Maroline Korn

6. Mother's Maiden Name, Maroline Neidhard

7. Mother's Birthplace, Bald's City

8. Full Name of Father, John Korn

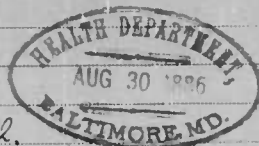
9. Father's Occupation, Laborer

10. Father's Birthplace, Bald's City

Name of Medical Attendant, or other Person who makes this return Mary E. Miller

Address, N. Dallas St. No. 26

Remarks,



report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this act, shall be subject to the fine of ten (10) dollars for each offense to be recovered as other laws and ordinances are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2^d
~~1st~~



1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

26th of August 1886

4. Place of Birth, (Street and Number)

87 North Washington Street

5. Full Name of Mother,

Minnie Weinkamp.

6. Mother's Maiden Name,

Minnie Weinslein

7. Mother's Birthplace,

Baltimore.

8. Full Name of Father,

Joseph Weinslein

9. Father's Occupation,

Shoemaker.

10. Father's Birthplace,

Germany.

Name of Medical Attendant, or other Person who makes this Return.

Crescencia Kunkel

Address,

77 North Chapel St. per Justina Kunkel

Remarks,

Healthy.

report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

See all persons who report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH ⁸⁸⁶¹⁵

To the Office of Registrar of Vital Statistics, Board of Health. Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2. Child
Female

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,



Adwig

Beyersdorf

Germany

Frederick Ryke

Blacksmith

Germany

J. Schwager, Midwife
330 H. ... st.

RETURN OF A BIRTH

88416

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *9th*
1. Sex, (state whether male or female) *Female*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *Aug. 27th 1886*
4. Place of Birth, (Street and Number) *126 Burgundy St.*
5. Full Name of Mother, *Mary E. Vanhollin*
6. Mother's Maiden Name, *McEarty*
7. Mother's Birthplace, *Philada Penna.*
8. Full Name of Father, *Louis Vanhollin*
9. Father's Occupation, *Moulder*
10. Father's Birthplace, *Baltimore*
- Name of Medical Attendant, or other Person who makes this Return, *H. W. Hednes M.D.*
- Address, *298 W. Lombard St.*
- Remarks,



Report its birth to the Commissioner of Health in the manner directed by the Board of Health, and pay the fee of ten (10) dollars for each infant to be recovered as other fines and forfeitures.

RETURN OF A BIRTH PS 417

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

3. Date of Birth,

27 August

4. Place of Birth, (Street and Number)

16 Concord

5. Full Name of Mother,

Katie Bachmann

6. Mother's Maiden Name,

Such

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Frank Bachmann

9. Father's Occupation,

Labourer

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return,

Sarah Casper

Address,

72 E. Lombard

Remarks,



No fee is levied on the Registrar of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (\$10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

CERTIFICATE ADDED 3-18-15 RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

George Frank Herbert
No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *the 1 child*

1. Sex, (state whether male or female.) *Male*

2. Race or Color, (if not of the white race)

3. Date of Birth, *August 27th 1886*

4. Place of Birth, (Street and Number) *Number 68 Broadway*

5. Full Name of Mother, *Lavinia Herbert*

6. Mother's Maiden Name, " " *Schmerer*

7. Mother's Birthplace,

8. Full Name of Father, *Frank Herbert*

9. Father's Occupation, *Carpenter*

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return

Address, *Lizzy B. Ly*
120 Banks St

Remarks,

Persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of five (5) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 88419

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

3d

1. Sex, (state whether male or female)

male

2. Race or Color, (if not of the white race)

white

3. Date of Birth,

Aug 27 86

4. Place of Birth, (Street and Number)

119 Aisquith

5. Full Name of Mother,

Sallie Ann Damm

6. Mother's Maiden Name,

do do Brown

7. Mother's Birthplace,

Balti.

8. Full Name of Father,

Henry Damm

9. Father's Occupation,

Baker

10. Father's Birthplace,

Balti.

Name of Medical Attendant, or other Person who makes this Return

Irving Miller

Address,

179 E. Monument St

Remarks,



RETURN OF A BIRTH ⁸⁸⁴²⁰

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Fifth

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

August 27th

4. Place of Birth, (Street and Number)

Baltimore City 1310 N. Gilman

5. Full Name of Mother,

Hedwig Krol

6. Mother's Maiden Name,

Lichtblau

7. Mother's Birthplace,

Breslau Germany

8. Full Name of Father,

Simon Krol

9. Father's Occupation,

Butter Dealer

10. Father's Birthplace,

Posen Germany

Name of Medical Attendant, or other Person who makes this Return

Wm. David J. Brown

Address,

N 224. N. Lincolnton Baltimore

Remarks,

W.C.

Report the birth to the Commissioner of Health, and the Registrar of Vital Statistics, Baltimore City, and the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 88422

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2nd

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

August 27-1886

4. Place of Birth, (Street and Number)

98 Eidenhal St

5. Full Name of Mother,

Laura J. Genoy

6. Mother's Maiden Name,

Laura J. Benney

7. Mother's Birthplace,

Baltimore City

8. Full Name of Father,

John F. Genoy

9. Father's Occupation,

Pipe Maker

10. Father's Birthplace,

Baltimore Md

Name of Medical Attendant, or other Person who makes this Return

Mrs. Minck

Address,

98 Eidenhal & Montgomeryst

Remarks,



Persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 88423

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th

1. Sex, (state whether ~~male~~ or female)

2. Race or Color, (if not of the white race)

3. Date of Birth, August 28th

4. Place of Birth, (Street and Number) Lee No. 28

5. Full Name of Mother, Emma Huber

6. Mother's Maiden Name, Emma Gartz

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Maximilian Andreas Johannes Huber

9. Father's Occupation, Printer

10. Father's Birthplace, Munchen, Bavaria, Germany

Name of Medical Attendant, or other Person who makes this Return, Miss Munch

Address, 1 Seaboard St.

Remarks,

The fee for this return is five cents. If the return is not made within the time specified, the fee shall be ten cents. If the return is not made within the time specified, the fee shall be ten cents. If the return is not made within the time specified, the fee shall be ten cents.

RETURN OF A BIRTH

884134

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *3rd Child*
1. Sex, (state whether male or female) *Female*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *27 of August 1886*
4. Place of Birth, (Street and Number) *Baltimore City. 1532 Ryan, St.*
5. Full Name of Mother, *Mary A. Rooney*
6. Mother's Maiden Name, *Mary A. Kelly*
7. Mother's Birthplace, *Franklin, Ind.*
8. Full Name of Father, *Eugene A. Rooney*
9. Father's Occupation, *Laborer*
10. Father's Birthplace, *New York City, New York State*
- Name of Medical Attendant, or other Person who makes this Return, *Mrs. Seefach*
- Address, *439 W. Pratt St.*
- Remarks,



reper, his birth to the Commissioner of Health, in the instance of a child, and the person who makes this Return, shall be subject to the fine of ten (10) dollars for each offense to be recovered as other laws and regulations are enforceable.

RETURN OF A BIRTH 88425

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female).

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Mother's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,

8-10

male

W

27th Aug 1846

828 North ave

Kate Henry

" Philbin

Baltimore

Dr Henry

Merchant

md

A W Dwyer



85426

be in attendance upon the mother, immediately thereafter it shall become the duty of the physician or midwife to report the birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

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Ma Ge

Comite

Aug. 27. 1856

3 Feb 21. 13. and 14.

Mari E. M. Shanks

..... *Meenken*

Pat. med.

Sam'l. T. Thayer

Machinist

Back. ind.

Geo. A. Hartman, M.D.

305 N. Caroline St.

RETURN OF A BIRTH ⁸⁸⁴²⁷

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st*

1. Sex, (state whether male or female) *male*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *August 27, 1886*

4. Place of Birth, (Street and Number) *Ridgely Street Baltimore*

5. Full Name of Mother, *Gayannina Miller*

6. Mother's Maiden Name, *Gayannina Miller*

7. Mother's Birthplace, *Baltimore, Md.*

8. Full Name of Father, *John Miller*

9. Father's Occupation, *Brick Manufacturer*

10. Father's Birthplace, *Baltimore, Md.*

Name of Medical Attendant, or other Person who makes this Return, *Miss Dargie*

Address, *426 Cross St*

Remarks,



Report the birth to the Registrar of Vital Statistics, Baltimore City, within ten days of the birth, and if the mother or person who makes this return, fail to comply with the provisions of this section, shall be subject to the fine of ten (10) dollars for each default to be recovered as other fines and forfeitures are recoverable.

report the birth to the Commissioner of Health, in the manner and within the period, since required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (\$10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 88428

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd
1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) white
3. Date of Birth, Aug 27th 1886
4. Place of Birth, (Street and Number) No 676 Pennsylvania Avenue
5. Full Name of Mother, Lillie Beardmore
6. Mother's Maiden Name, Lillie Stevens
7. Mother's Birthplace, Galvest County
8. Full Name of Father, Albert Beardmore
9. Father's Occupation, Blacksmith
10. Father's Birthplace, New York
- Name of Medical Attendant, or other Person who makes this Return, Sarah Rollins
- Address, _____
- Remarks, _____

RETURN OF A BIRTH 55429

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this return.

Address,

Remarks,



report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall fail to comply with the provisions of this section, shall be subject to the fine of ten (10) dollars for each offense to be recovered as other laws and regulations are recoverable.

report the birth to the Commissioner of Health, in the manner and within the period above required, and the same person or persons shall be liable to the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 8843D

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,



217 Hollins St
Mary Clark

" Smith

Balto

Wm Clark

Blacksmith

Balto

Geo B Graham M.D.

136 Columbia Ave

RETURN OF A BIRTH 88431

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *12*

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth. *Aug 27 - 1896*

4. Place of Birth, (Street and Number) *Bellevue Ave*

5. Full Name of Mother, *Louis Weismuth*

6. Mother's Maiden Name. *Louis Bolleder*

7. Mother's Birthplace, *Germany*

8. Full Name of Father, *Michael Weismuth*

9. Father's Occupation, *Brewer*

10. Father's Birthplace, *Germany*

Name of Medical Attendant, or other Person who makes this Return. *Miss Lane Brown*

Address, *Chester Street near Bel air cir*

Remarks, _____



For the return of a birth, the Registrar of Vital Statistics, Board of Health, Baltimore City, shall be subject to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 88432

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Three 3*

1. Sex, (state whether male or female) *female* *White*

2. Race or Color, (if not of the white race) *Male* *White*

3. Date of Birth, *August 27th 1886*

4. Place of Birth, (Street and Number) *Baltimore 36*

5. Full Name of Mother, *Mary Pfeifer*

6. Mother's Maiden Name, *Mary Youngman*

7. Mother's Birthplace, *Baltimore Md.*

8. Full Name of Father, *Philip Pfeifer*

9. Father's Occupation, *Laborer*

10. Father's Birthplace, *Baltimore Md.*

Name of Medical Attendant, or other Person who makes this Return, *Susan Hunter*

Address, *21 W. Poppleton St*

Remarks,

Report to the Registrar of Births, Deaths, and Marriages, Baltimore City, and any other person who shall hereafter fail to comply with the provisions of this act, shall be subjected to the fine of \$10 or \$20 dollars for each offense to be recovered as other laws and for all fines are recoverable.

RETURN OF A BIRTH. 88433

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,



The 27 of Aug
No 311. Blair Ave
Minnie Kottenbisher
Minnie Better
Germany
August Kottenbisher
Driver
Germany
Mr. C. H. Lauer
No 173 Harper St
Bal. Md.
1886

report the birth to the Registrar of Vital Statistics, Baltimore City, within the provisions of the section, shall be subjected to the fine of ten (\$10) dollars for each infraction to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

88434

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2^d

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth Aug 27th, 1886

4. Place of Birth, (Street and Number) # 125 Bingham

5. Full Name of Mother, Mrs. Caroline Gombach

6. Mother's Maiden Name, Hepsher

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Alfred Gombach

9. Father's Occupation, Builder

10. Father's Birthplace, Baltimore

Name of Medical Attendant, Dr. Gorky

or other Person who
witness this Return.

Address, # 55 21 Bond St

Remarks,



See instructions upon the back of this form. The Registrar of Health, in the manner and within the period above required, and any such person who fails to report the birth to the Commissioner of Health, or any person who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (\$10) dollars for each offence to be recovered as other laws and ordinances are recoverable.

RETURN OF A BIRTH ⁸⁸⁴³⁵

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (~~state whether 1st, 2d, 3d, &c.~~)

1. Sex, (~~state whether male or female~~)

2. Race or Color, (~~if not of the white race~~)

3. Date of Birth, *August, 27/88, 4 Am.*

4. Place of Birth, (Street and Number) *126 S. Barabine St*

5. Full Name of Mother, *Annie Harris*

6. Mother's Maiden Name, *Sargent*

7. Mother's Birthplace, *England*

8. Full Name of Father, *William Harris*

9. Father's Occupation, *Pattern Maker*

10. Father's Birthplace, *England*

Name of Medical Attendant, or other Person who makes this Return. *Dr. Shepherd M.D.*

Address, *88 E. Baltimore St*

Remarks, *This patient had an ovarian tumor, weighing 54 lbs, removed in England in 1875. Dr. Borden's case, & this is her first confinement.*



See the attendance upon this birth, in the manner and within the period above required, and any such person reports its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subject to the fine of ten (10) dollars for each offence to be recovered as other laws and ordinances are recoverable.

RETURN OF A BIRTH ⁸⁸⁴³⁶

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) Colored

3. Date of Birth, August 27th 1886

4. Place of Birth, (Street and Number) Baltimore City

5. Full Name of Mother, Lucy Bough

6. Mother's Maiden Name, Lucy Banet

7. Mother's Birthplace, St. Marys County

8. Full Name of Father, Frank Fugh

9. Father's Occupation, Porter

10. Father's Birthplace, St. Marys County

Name of Medical Attendant, or other Person who makes this Return, Dosh Duwall

Address, 1109 Jasper St Baltimore Md

Remarks,



be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons who shall report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

88437

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



1. Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st

2. Sex, (state whether male or female)

Female

3. Race or Color, (if not of the white race)

White

4. Date of Birth,

Aug 27th 1886

5. Place of Birth, (Street and Number)

112 Dolphin St

6. Full Name of Mother,

Maggie L McCormick

7. Mother's Maiden Name,

Maggie L Baker

8. Mother's Birthplace,

Penn

9. Full Name of Father,

James W. McCormick.

10. Father's Occupation,

Clerk

11. Father's Birthplace,

Balti

Name of Medical Attendant, or other Person who makes this Return

Alfred W. Belt, M.D.

Address,

128 Cathedral St.

Remarks,

RETURN OF A BIRTH ⁸⁸⁴³⁸

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

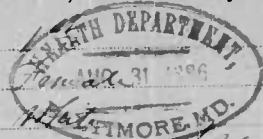
9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,



Age 27 1/2

No. 873 W. Baltimore St

Annie L. Schilling

Annie L. Horn

Baltimore

Otto Schilling

Liquor Merchant

Baltimore

H. J. Bessing

No. 2. Cathedral St

be in the usual form, and upon the subject, and any such person shall be liable to the fine of ten dollars for each offence to be recovered as other fines and forfeitures are recovered.

RETURN OF A BIRTH

88439

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)



1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,

The 27 of Aug
No 8 Grouvelley

Josephine Grasen

Josephine Harris

Alexandria Va.

Joseph Grasen

Well digger

Bal. County

Mrs Ch Lauer

No 173 Maryland Ave

Bal. Md

1886

report its birth to the Commissioner of Health, and the mother and father, or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH ^{88440.}

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6



1. Sex, (state whether male or female) female
 2. Race or Color, (if not of the white race) colored
 3. Date of Birth, born 27 August
 4. Place of Birth, (Street and Number) Hughes Street 253
 5. Full Name of Mother, Annie Jackson
 6. Mother's Maiden Name, Annie Marshall
 7. Mother's Birthplace, Virginia Langford County
 8. Full Name of Father, Thom Jackson
 9. Father's Occupation, Sailor
 10. Father's Birthplace, Colbert County N.C.
- Name of Medical Attendant, or other Person who makes this Return, Sarah Tascas
- Address, Hughes Street No 224
- Remarks, _____

See the attendance upon the mother, immediately after birth, and within the period above required, and say such person report its birth in the town of Baltimore, Md., and within the jurisdiction of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other laws and ordinances are recoverable.

RETURN OF A BIRTH 88441

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8th

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) Colored

3. Date of Birth, 28 of August

4. Place of Birth, (Street and Number) Baltimore City

5. Full Name of Mother, Rachael Jackson

6. Mother's Maiden Name, Rachael Blake

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Thomas Gedrichs

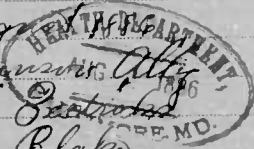
9. Father's Occupation, Furniture Wagon

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return. May Jane Richardson

Address, 212 Dover Street

Remarks,



report in birth in the Registrar of Health, in the manner and within the period above required, and any such person or persons who shall be found guilty of any violation of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

Every child born in the City of Baltimore, in the manner, and within the period above required, except in the cases of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH ⁸⁵⁴⁰²

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, Aug 28 - 1886

4. Place of Birth, (Street and Number) 402 Canton Ave

5. Full Name of Mother, Edna Smyer

6. Mother's Maiden Name, Bremor

7. Mother's Birthplace, Balto

8. Full Name of Father, James Smyer

9. Father's Occupation, Printer

10. Father's Birthplace, Balto

Name of Medical Attendant, or other Person who makes this Return David T. Harrington

Address, 402 538 Canton Ave

Remarks,

98443

Except its birth to the counter-cause of abortion, the provision of this section, shall be subjected to the fine of ten (10) dollars and each offense shall be recovered as other laws and forfeitures are recoverable.

RECEIVED HEALTH DEPARTMENT
SEP 1 1910
BALTIMORE MD

1911

11.11.

[Faint handwritten notes at the bottom of the page]

Leadenhall St. No 93

Caroline Penhance

" " Schultze

Baltimore City

John Hubbard

6 cups of

Pauline's reply

Miss Murch

1 Leadenhall St,

4 Co., Civil Printers and Stationers.

RETURN OF A BIRTH.

884 111

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

2d.

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race)

3. Date of Birth

August 28 - 86
80 N. Howard St.

4. Place of Birth (Street and Number)

5. Full Name of Mother

Carrie Stowen

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

Gustav Bode German,
upholster.

9. Father's Occupation

10. Father's Birthplace

Germany
Pellmar St. No.
255 Madison Ave.

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

884145

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c)

5

1. Sex (state whether Male or Female)

Female

2. Race or Color (if not of the white race)

White

3. Date of Birth

August 28 86

4. Place of Birth (Street and Number)

65 Battery ave

5. Full Name of Mother

Susan Wright

6. Mother's Maiden Name

" " Carmine

7. Mother's Birthplace

Baltimore

8. Full Name of Father

Peray Wright

9. Father's Occupation

Engineer

10. Father's Birthplace

D. my na. Delaware

Name of Medical Attendant, or other Person who makes this Return.

Mrs Ann Nash

Address

Remarks

born, the sex, the physical condition, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

854116

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1

Sex, (state whether male or female)

Female

Race or Color, (if not of the white race)

White

Date of Birth,

28th of August

Place of Birth, (Street and Number)

784 Canton Ave.

Full Name of Mother,

Lizzie Culick

Mother's Maiden Name,

Lizzie Miller

Mother's Birthplace,

Baltimore

Full Name of Father,

Charles Miller

Father's Occupation,

Harness Maker

Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return

Mr. E. J. Gray

Address,

193 South Chesters St

Remarks,

Healthy child

Report for birth to the Registrar of Vital Statistics, Baltimore City, shall be subject to the fine of \$10 dollars or person who fails to comply with the provisions of this section, shall be subject to the fine of \$10 dollars for each offense to be recovered in other fines and forfeitures are recoverable.

RETURN OF A BIRTH

88-1117

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th
1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, 28th August 1886
4. Place of Birth, (Street and Number) 444 N. Calhoun Street
5. Full Name of Mother, Alice P. Patience Shock
6. Mother's Maiden Name, Alice P. Patience Cardley
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Philip Edwin Shock
9. Father's Occupation, Insurance Agent
10. Father's Birthplace, Philadelphia
- Name of Medical Attendant, or other Person who makes this Return, Mrs. E. Carroll Midwife
- Address, 19 Woodgreen Street
- Remarks, _____

RETURN OF A BIRTH

831118

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 the

1. Sex, (state whether male or female) Girl

2. Race or Color, (if not of the white race) Withe

3. Date of Birth, 28 August

4. Place of Birth, (Street and Number) 217 S. Ann Street

5. Full Name of Mother, Marie Weber

6. Mother's Maiden Name, Ronis

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Karl Ronis

9. Father's Occupation, ————

10. Mother's Birthplace, Baltimore

Name of Medical Attendant, or other Person who
make this Return Marie Githner

Address, 245 S. Wolfe Street.

Remarks,



RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,

Full name - Thomas Lewis Eagles

1st.
Male
White
August 28th 1886
410 E. Monument St.
John Eagles,
of Kentucky,
Baltimore City.
Henry Eagles,
County of Calverton,
Baltimore City.
Chas. B. King or 11th
282 N. Broadway

RETURN OF A BIRTH

88450

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.)

2

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

Caucasian

3. Date of Birth

25 of August 1858

4. Place of Birth, (Street and Number)

23 David Hill Av

5. Full Name of Mother

Emma Kennedy

6. Mother's Maiden Name

Emma German

7. Mother's Birthplace

Harford County Maryland

8. Full Name of Father

Augustus Kennedy

9. Father's Occupation

Carpenter

10. Father's Birthplace

Calvert County Maryland

Name of Medical Attendant, or other Person who makes this Return

Mrs. Emma German

Address

94 Tyson Street

Remarks



Persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

28451

To the Office of Registrar of Vital Statistics, Board of Health,

GIVEN NAME ADDED 6-24-53 BALTIMORE CITY.

Name: Ludmila Panusek

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

7th

1. Sex (state whether Male or Female)

Female

2. Race or Color (if not of the white race)

White

3. Date of Birth

28. of August 1886

4. Place of Birth (Street and Number)

182 N. Dollar St.

5. Full Name of Mother

Barbara Pannick

6. Mother's Maiden Name

" Vanicek

7. Mother's Birthplace

Bohemia

8. Full Name of Father

John Panusek

9. Father's Occupation

Tailor ~~Tailor~~

Father's Birthplace

Bohemia

Name of Medical Attendant, or other Person who makes this Return.

Caterina Pazoucek

Address

41. Abbott St.

Remarks

Born Live

of the parents, and the maiden name of the mother of such child or children



report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other laws and ordinances are recoverable.

RETURN OF A BIRTH

88452

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, 8 Aug 1886

4. Place of Birth, (Street and Number) 351 Jordan St

5. Full Name of Mother, Maria Kline

6. Mother's Maiden Name, Maria Kline

7. Mother's Birthplace, Bohemia

8. Full Name of Father, John Kline

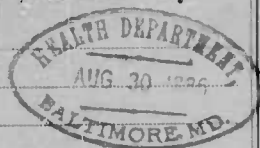
9. Father's Occupation, Farmer

10. Father's Birthplace, Bohemia

Name of Medical Attendant, or other Person who makes this Return, Mary Kline

Address, 291 Maryland St

Remarks,



ff 14.5.3

the use in attendance upon the mother, immediately thereafter, it shall become the duty of the person or persons so charged, to report to birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be reserved on other fines and forfeitures are recoverable.

1711

47/11.02

Feb 7

Aug 18th

355

Abt Anne Langhous.

Penwith

Breakfast

William Longhough

Potter

Salton

Ms. T. 10. 2. 7. 1. 8.

1155 1: Bond W



RETURN OF A BIRTH ⁸⁸⁴⁵⁸

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

August 28th 1886

4. Place of Birth, (Street and Number)

No. 180 Wolf St

5. Full Name of Mother,

Katie Kuhlman

6. Mother's Maiden Name,

Katie Raser

7. Mother's Birthplace,

Germany

8. Full Name of Father,

John M. Kuhlman

9. Father's Occupation,

Carpenter

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return

Louisa Schulte

Address,

No 246 Chen St.

Remarks,

should no other person be present upon the birth, immediate cause of death, in the manner, and duty of the parent or parents of such child to report to the Registrar of Births, Deaths, and Marriages, and within the period above required, hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offense, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH.

88455

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1.

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth Aug 28

4. Place of Birth, (Street and Number) Wilhelm St. 56.

5. Full Name of Mother, Katie Connors

6. Mother's Maiden Name, Lockitt

7. Mother's Birthplace, Baltimore

8. Full Name of Father, W. Connors

9. Father's Occupation, Sailor

10. Father's Birthplace, Ireland

Name of Medical Attendant, or other Person who Mrs. Scarborough.
makes this Return.

Address, 220 Montgomery St.

Remarks,



be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child, to report its birth to the Commissioner of Health in and within the period above required; and any such person or persons who fail to do so, or who fail to comply with the regulations of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

88456

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

7th

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

3. Date of Birth

Aug. 28. 1877

4. Place of Birth, (Street and Number)

1447 B. Lombard St.

5. Full Name of Mother,

Mrs. Laura V. Peterson

6. Mother's Maiden Name,

Wip " " Hales

7. Mother's Birthplace,

Balt. Md.

8. Full Name of Father,

Wm. A. Peterson

9. Father's Occupation,

Rigger

10. Father's Birthplace,

Balt. Md.

Name of Medical Attendant, or other Person who makes this Return.

Dr. G. Clark M.D.

Address,

2000 D. Balt. St.

Remarks,

Normal delivery



be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons so required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH ⁸⁸⁴⁵⁷

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. Sex, (state whether male or female) _____

2. Race or Color, (if not of the white race) _____

3. Date of Birth, _____

4. Place of Birth, (Street and Number) _____

5. Full Name of Mother, _____

6. Mother's Maiden Name, _____

7. Mother's Birthplace, _____

8. Full Name of Father, _____

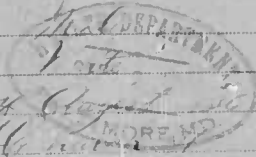
9. Father's Occupation, _____

10. Father's Birthplace, _____

Name of Medical Attendant, _____ or other Person who makes this return.

Address, _____

Remarks, _____



Maggie Manning
Maggie Wright
Frederick
Martin Manning
Teacher
Baltimore

Irina Grigoriev
1117 N. 7th St.

Be the attendance of the Registrar of Vital Statistics, Baltimore City, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subject to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 85458

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *4th*

1. Sex, (state whether male or female) *female*

2. Race or Color, (if not of the white race) *white*

3. Date of Birth *August 27 1886*

4. Place of Birth, (Street and Number) *47 - 1 West 1st St*

5. Full Name of Mother, *Sarah E Wharton*

6. Mother's Maiden Name, *Wason*

7. Mother's Birthplace, *Baltimore Md*

8. Full Name of Father, *Nicholas E Wharton*

9. Father's Occupation, *Baker*

10. Father's Birthplace, *Baltimore Md*

Name of Medical Attendant, or other Person who makes this Return. *M. A. Deming*

Address, *47 - 1 West 1st St*

Remarks, *Mother & child so doing well*

be in attendance upon the mother, immediately thereafter, it shall become the duty of the person or persons of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subject to the fine of ten (\$10) for each offense, and for each offense shall be liable to be recovered as other fines and forfeitures are recoverable.

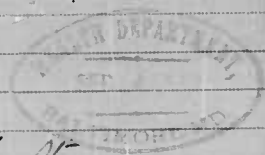
report its birth to the Commissioner of Health in the manner and within the period above required, and any such person or persons who shall be so required to file this return, shall be subject to the fine of \$10 in (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

096 RETURN OF A BIRTH

88459

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, etc.) 3rd
- Name: Edward Daniel Fitzgerald
1. Sex: (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth, 29th of August
4. Place of Birth, (Street and Number) 107 Gough St.
5. Full Name of Mother, Lilly J. Fitzgerald
6. Mother's Maiden Name, Robinson
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Edward D. Fitzgerald
9. Father's Occupation, Lawyer
10. Father's Birthplace, Balt.
- Name of Medical Attendant, or other Person who makes this Return, Mr. Wiley
- Address, No 30 Patterson Park Ave.
- Remarks,



be in attendance upon the mother immediately thereafter it shall become the duty of the person or persons of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

88160

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

First

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

3. Date of Birth,

August 28 SEP 25

4. Place of Birth, (Street and Number)

St. Cor. Chaff

5. Full Name of Mother,

Polina Caroline Kramer

6. Mother's Maiden Name,

Bergman

7. Mother's Birthplace,

Germany

8. Full Name of Father,

George Kramer

9. Father's Occupation,

The Liquor Dealer

10. Father's Birthplace,

Philadelphia Pa.

Name of Medical Attendant, or other Person who makes this return.

St. Alden M.D.

Address,

St. Cor. Caroline &aper St

Remarks,

be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subject to the fine or ten (10) dollars for each offence to be recovered as other laws and ordinances are recoverable.

RETURN OF A BIRTH.

881161

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) female

2. Race or Color, (if not of the white race) white

3. Date of Birth Aug 29. 1886

4. Place of Birth, (Street and Number) 12 West St

5. Full Name of Mother, Elizabeth Lyons

6. Mother's Maiden Name, " Morgan

7. Mother's Birthplace, md

8. Full Name of Father, Wm C Lyons

9. Father's Occupation, carpenter

10. Father's Birthplace, md

Name of Medical Attendant, G Lane Tanylin
or other Person who makes this Return.

Address, 219 Madison Ave

Remarks,



RETURN OF A BIRTH 88462

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd Child

1. Sex, (state whether male or female) _____

2. Race or Color, (if not of the white race) White

3. Date of Birth, August 4th, 1886

4. Place of Birth, (Street and Number) Bank St. No 23

5. Full Name of Mother, Lina Rosh

6. Mother's Maiden Name, Lina Heltgen

7. Mother's Birthplace, Melbach, Gr. Hessen Germany

8. Full Name of Father, Johann Rosh

9. Father's Occupation, Grocer

10. Father's Birthplace, Kallmar, N. Prussen Germany

Name of Medical Attendant, or other Person who makes this Return, Marg E. Müller

Address, N. Dallas St. No 26

Remarks, _____



In the absence of the Registrar of Vital Statistics, the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 88463

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

3. Date of Birth,

29 Aug 1886

4. Place of Birth, (Street and Number)

Battery

5. Full Name of Mother,

Emma Magdella Bremner

6. Mother's Maiden Name,

Walker

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Marion Bremner

9. Father's Occupation,

Barber

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return.

Elizabeth Jewell

Address,

68 Fort Ave

Remarks,

be in attendance upon the mother immediately thereafter it shall become the duty of the person or persons of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence, and the mother, immediately thereafter it shall become the duty of the person or persons of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence.

report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

881164

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

The 3 Child

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth

The 24 of Aug



4. Place of Birth, (Street and Number)

No 27 E

5. Full Name of Mother,

Mollie Bant

6. Mother's Maiden Name,

Mollie Culver

7. Mother's Birthplace,

Boston

8. Full Name of Father,

Frank Bant

9. Father's Occupation,

Cannaker

10. Father's Birthplace,

Frederic County

Name of Medical Attendant, or other Person who makes this Return.

Mr. C. H. Lauer

Address,

No 173 Maryland Ave

Remarks,

Bal. Md.

1886

RETURN OF A BIRTH ⁹⁸⁴⁶³

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

3rd Child

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

29 of August 1886

4. Place of Birth, (Street and Number)

No. 45. S. Wolf Street

5. Full Name of Mother,

Margaretha Bowen

6. Mother's Maiden Name,

Margaretha C. Harri

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Wilhelm Bowen

9. Father's Occupation,

Laborer

10. Father's Birthplace,

San York

Name of Medical Attendant, or other Person who makes this Return

Mrs. J. A. Hill M.D.

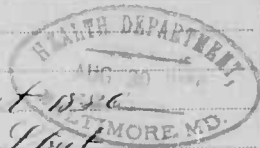
Address,

No. 43 S. Castle Street

Remarks,

+

should be in attendance upon the mother, immediately thereafter, in the manner, and within the period above required, except in the cases of the birth and death of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offense, to be recovered as other fines and penalties are recoverable.



RETURN OF A BIRTH

881166

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2d*

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *Aug. 29 1886*

4. Place of Birth, (Street and Number) *531 N. Calhoun*

5. Full Name of Mother, *Nellie Cavell*

6. Mother's Maiden Name, *Harvis*

7. Mother's Birthplace, *Richmond Co. Va.*

8. Full Name of Father, *N. M. Cavell*

9. Father's Occupation, *Farmer*

10. Father's Birthplace, *Fairfax Co. Va.*

Name of Medical Attendant, or other Person who makes this Return, *W. Christian MD*

Address, *506 Mad. Ave.*

Remarks,



report his birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this regulation, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other laws and forfeitures are recoverable.

RETURN OF A BIRTH

88467

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,



Female
Caucasian
Aug. 22, 1888
Dr. Halligan 20.4 Calham
Robinson

Worcester, Mass.
Henry Robinson
Attorney
Richmond, Va.
O. E. D. J. J. J. J. J.
242 N. E. 1st St.

RETURN OF A BIRTH

85468

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2d

1. Sex, (state whether male or female)

Male
White

2. Race or Color, (if not of the white race)

3. Date of Birth,

29th Aug 1886
82 N. Fulton Ave

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

Emma V. Coulson
E. V. Hammett

6. Mother's Maiden Name,

7. Mother's Birthplace,

W. Va

8. Full Name of Father,

Henry B. Coulson

9. Father's Occupation,

Bookkeeper

10. Father's Birthplace,

Civil Co. Md

Name of Medical Attendant, or other Person who makes this Return

Spencer Edwards M.D.
209 N. Carey St

Address,

Remarks,



RETURN OF A BIRTH 88469

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 43

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, Balto Aug 29th 1886

4. Place of Birth, (Street and Number) 62 Washington

5. Full Name of Mother, Lizzie Rutterbush

6. Mother's Maiden Name, Lizzie Eckstein

7. Mother's Birthplace, America

8. Full Name of Father, John Rutterbush

9. Father's Occupation, Laborer

10. Father's Birthplace, America

Name of Medical Attendant, or other Person who makes this Return, Mrs Mary Amend,

Address, 137 South Norfolk St

Remarks,



be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine or ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH ⁸⁸⁴⁷⁰

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) _____

3. Date of Birth, 30. Aug 1886

4. Place of Birth, (Street and Number) Winden St

5. Full Name of Mother, Adèle Bastine

6. Mother's Maiden Name, Boutelle

7. Mother's Birthplace, Belgium

8. Full Name of Father, Emile Joseph Bastine

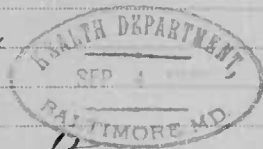
9. Father's Occupation, Butcher

10. Father's Birthplace, Belgium

Name of Medical Attendant, or other Person who makes this Return, Elizabeth Zervell

Address, 68 Saint Ann

Remarks, _____



be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child, to report his birth to the Registrar of Vital Statistics, in the manner and within the period above required, and any such person or persons who shall heretofore fail to comply with this requirement, shall be subject to the fine of ten (10) dollars for each offence to be recovered as other laws and regulations are recoverable.

RETURN OF A BIRTH 88471

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) female

2. Race or Color, (if not of the white race) white

3. Date of Birth, Aug 30 1896

4. Place of Birth, (Street and Number) 40 O'Donnell St

5. Full Name of Mother, Catherine O'Quinn

6. Mother's Maiden Name, Catherine O'Quinn

7. Mother's Birthplace, Quebec Canada

8. Full Name of Father, Joseph O'Quinn

9. Father's Occupation, Laborer

10. Father's Birthplace, Baltimore Md

Name of Medical Attendant, or other Person who makes this Return, Mr. Wiley

Address, 30 Patterson Park Ave

Remarks,



be in attendance upon the mother, immediately after her confinement, and shall become the duty of the person or persons of such child to report its birth to the Registrar of Vital Statistics, Baltimore City, within the period above required, and any such person or persons who shall fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

58472

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,



Baltimore

Salley Balaban

Gebauer

Charles C. C. C.

George William Balaban

pipe maker

Baltimore

Elizabeth Halloran

Big St. St. C. 24.32

See in attendance upon the mother, or of health, in the manner and within the period above stated, and so soon as the child is born, the person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH #8473

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th Child

1. Sex, (state whether ~~male~~ or female)

2. Race or Color, (if not of the white race) White

3. Date of Birth, August, the 30 1886

4. Place of Birth, (Street and Number) Hennemans Av.

5. Full Name of Mother, Elisabetha Müller

6. Mother's Maiden Name, Elisabetha Abendschein

7. Mother's Birthplace, Baldp. City

8. Full Name of Father, Friedrich Müller

9. Father's Occupation, Cigarren maker

10. Father's Birthplace, Bodenheim N. Wurtemberg, Germany

Name of Medical Attendant, or other Person who makes this Return Mary E. Müller

Address, N. Dallas St. No 26

Remarks,



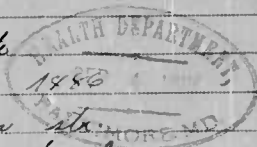
be in attendance upon the mother, immediately after delivery, to ascertain the duty of the parent of parents of such child to report the birth to the Registrar of Vital Statistics, Baltimore City, within the manner and within the period above required, and any such person or persons failing to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

88474

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Seventh Child*
1. Sex, (state whether male or female) *Male*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *30th of August 1886*
4. Place of Birth, (Street and Number) *142 Clinton St.*
5. Full Name of Mother, *Harriet Ann Buck*
6. Mother's Maiden Name, *Ferguson*
7. Mother's Birthplace, *Baltimore*
8. Full Name of Father, *George Buck*
9. Father's Occupation, *Brick Maker*
10. Father's Birthplace, *Baltimore*
- Name of Medical Attendant, or other Person who makes this Return, *Mr. Wiley*
- Address, *No. 30 Patterson Park St.*
- Remarks,



Be in attendance upon the mother or, in case of her death, the father, at the birth of the child, and report the same to the Registrar of Vital Statistics, within the period above required, and any such person who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 88475

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Second

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

August 30 1888

4. Place of Birth, (Street and Number)

Gov. Brown's Convent

5. Full Name of Mother,

Louisa L. Dorries

6. Mother's Maiden Name,

Bonnet

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Charles Dorries

9. Father's Occupation,

Cigar maker

10. Father's Birthplace,

Germany

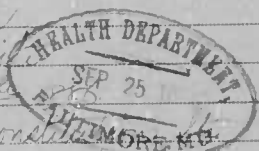
Name of Medical Attendant, or other Person who makes this Return.

J. H. Selders M.D.

Address,

10 E. Calverton Caroline St.

Remarks,



For attendance given for mother & family, the doctor is bound to become the duty of the person or persons of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense & be recovered as other fines and forfeitures are recoverable.

be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of which kind to report the birth shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

88476

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Aug 30

4. Place of Birth, (Street and Number)

260 Columbia Ave

5. Full Name of Mother,

Naomi Melvin

6. Mother's Maiden Name,

Shaler

7. Mother's Birthplace,

Balt

8. Full Name of Father,

Charles Melvin

9. Father's Occupation,

Produce Dealer

10. Father's Birthplace,

Balt

Name of Medical Attendant, or other Person who makes this Return.

Geo M Graham M.D.

Address,

136 Columbia Ave

Remarks,



RETURN OF A BIRTH ⁸⁸⁴⁷⁷

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) W. C.

3. Date of Birth, 30 of Aug. 1891

4. Place of Birth, (Street and Number) No. 588 E. Pratt St. Balt.

5. Full Name of Mother, Jarah E. Clippes

6. Mother's Maiden Name, Jarah Raymond

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Geo. E. Clippes

9. Father's Occupation, Shoemaker

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this return, Delma Gunder

Address, No. 1111 N. 31

Remarks,



in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and pay such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other laws and ordinances are recoverable.

RETURN OF A BIRTH

884478

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

First

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Oct. 30. 86

4. Place of Birth, (Street and Number)

Grand Alley (near Calvert)

5. Full Name of Mother,

Mary Dancy

6. Mother's Maiden Name,

"

7. Mother's Birthplace,

St. Marys Co., Ind.

8. Full Name of Father,

William Bradley

9. Father's Occupation,

Sailor

10. Father's Birthplace,

St. Marys Co., Ind.

Name of Medical Attendant, or other Person who makes this Return,

Caroline E. Smith

Address,

145 Park Ave

Remarks,



RETURN OF A BIRTH

88449

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color. (if not of the white race)

3. Date of Birth.

4. Place of Birth, (Street and Number)

5. Full Name of Mother.

6. Mother's Maiden Name.

7. Mother's Birthplace.

8. Full Name of Father.

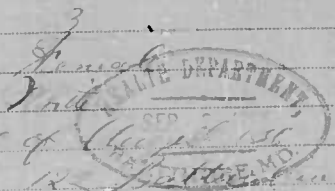
9. Father's Occupation.

10. Father's Birthplace.

Name of Medical Attendant, or other Person who makes this Return

Address.

Remarks.



3
Female
30th Sept 1906
49 12
Hera Britaner
Elizabeth
Germ
Hera Britaner
Laborer
Germ
Juliana Lindholm
Hera Britaner

be in attendance upon the mother, immediately after birth, in the manner and within the period above required, and any such person report its birth to the Registrar of Vital Statistics, Baltimore City, and any person who fails to do so shall be liable to a fine of ten (10) dollars or person who fails to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

88450

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

3. Date of Birth,

30th of August

4. Place of Birth, (Street and Number)

177 E. Lombard

5. Full Name of Mother,

Minnie Smith

6. Mother's Maiden Name,

Eckhart

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Chas. Smith

9. Father's Occupation,

Grocer

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return.

Sarah Gaeher

Address,

72 E. Lombard St.

Remarks,

RETURN OF A BIRTH

1881/81

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Aug. 30th 11:55 AM

4. Place of Birth, (Street and Number)

57 S. Arlington Ave.

5. Full Name of Mother,

Katie Dorsey

6. Mother's Maiden Name,

" "

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Illegitimate

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

H. H. Weber M.D.

Address,

298 W. Lombard St.

Remarks,



Report the birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other laws and regulations are recoverable.

RETURN OF A BIRTH

88482

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

7th

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

Colored

3. Date of Birth,

August 30th

4. Place of Birth, (Street and Number)

15- Oxford st

5. Full Name of Mother,

Sarah Maggie Maynard

6. Mother's Maiden Name,

..... Boston

7. Mother's Birthplace,

Charles county m d

8. Full Name of Father,

Benjamin Maynard

9. Father's Occupation,

Cookman

10. Father's Birthplace,

Calvert county m d

Name of Medical Attendant, or other Person who makes this return.

Edwin Johnson

Address,

94 Tyson st

Remarks,

See the attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 88483

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Second*

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race) *Colored Race*

3. Date of Birth, *August 31st 1886*

4. Place of Birth, (Street and Number) *55 E. Pleasant*

5. Full Name of Mother, *Sarah Mitchell*

6. Mother's Maiden Name, *" Nash*

7. Mother's Birthplace, *Portsmouth Va.*

8. Full Name of Father, *James Mitchell*

9. Father's Occupation, *Labourer*

10. Father's Birthplace, *Baltimore*

Name of Medical Attendant, or other Person who makes this Return, *Amelia Johnson*

Address, *6 Hamilton St.*

Remarks,



be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (\$10) dollars for each offence to be recovered as other fines and forfeitures are recovered.

See instructions upon the inside of the cover. The duty of this person or persons of such child as
not in birth, the Commissioner of Health, in the manner and within the period also required, and pay such
or persons who shall hereafter fail to comply with the provision of this section, shall be subjected to the fine of ten (10) dollars
for each offense to be recovered as other fines and forfeitures are recoverable.

Over **RETURN OF A BIRTH** 8821811

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *6th*
1. Sex, (state whether male or female) *Male* **DEPARTMENT**
2. Race or Color, (if not of the white race) *white*
3. Date of Birth, *Aug. 11st. 18*
4. Place of Birth, (Street and Number) *369 North Gay St*
5. Full Name of Mother, *Ada Smith*
6. Mother's Maiden Name, *Ada McKafferty*
7. Mother's Birthplace, *Frederick city*
8. Full Name of Father, *John Smith*
9. Father's Occupation, *Sewing machines*
10. Father's Birthplace, *Baltimore*
- Name of Medical Attendant, or other Person who makes this Return. *Daniel V Meyer M.D.*
- Address, *192 Disquith St*
- Remarks, *Force presentation*

RETURN OF A BIRTH

18485

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

3. Date of Birth,

Aug 31 - 1886

4. Place of Birth, (Street and Number)

75 E Pratt St.

5. Full Name of Mother,

Martha Pety

6. Mother's Maiden Name,

Miller

7. Mother's Birthplace,

Germany

8. Full Name of Father,

Charles Pety

9. Father's Occupation,

Journalist

10. Father's Birthplace,

Germany

Name of Medical Attendant, or other Person who makes this Return.

Mary Klein

Address,

151 E Pratt St.

Remarks,



Report in birth to the Commissioner of Health, in the manner and within the period also required, and any neglecting persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other dues and forfeitures are recoverable.

RETURN OF A BIRTH

88486

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *5th Child*

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *August the 31. 1886*

4. Place of Birth, (Street and Number) *North A. No 13*

5. Full Name of Mother, *Theresa Harms*

6. Mother's Maiden Name, *Theresa Meuter*

7. Mother's Birthplace, *Balt^o City*

8. Full Name of Father, *John Harms*

9. Father's Occupation, *Cigarren maker*

10. Father's Birthplace, *Balt^o City*

Name of Medical Attendant, or other Person who makes this Return, *Mary E. Müller*

Address, *N. Dallas St. No 26*

Remarks,



be in attendance upon the mother, immediately after the birth, to ascertain the sex, race, color, and date of birth, and to report the birth to the Commissioner of Health, within the period above required, and any such person or persons who fail to do so, shall be deemed to have violated the provisions of this section, and shall be subject to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 88487

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

4th

1. Sex, (state whether male or female)

female

2. Race or Color, (if not of the white race)

white

3. Date of Birth,

August 1st 1887

4. Place of Birth, (Street and Number)

Baltimore Light St. No. 49

5. Full Name of Mother,

Matilda Howard

6. Mother's Maiden Name,

Barnhartson

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Joseph H. Howard

9. Father's Occupation,

labour

10. Father's Birthplace,

Baltimore

Name of Medical Attendant.

or other Person who makes this Return.

Elizabeth Hattam

Address,

Light St. No. 532

Remarks,

be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of whom a birth is reported to the Registrar of Vital Statistics, to report the birth to the Registrar of Vital Statistics, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subject to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

88488

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Balto Aug 31st 1886

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, Balto Aug 31st 1886

4. Place of Birth, (Street and Number) 122 S. Wolfe St

5. Full Name of Mother, Barbara Bott

6. Mother's Maiden Name, Barbara Blotz

7. Mother's Birthplace, Germany

8. Full Name of Father, Fred Bott

9. Father's Occupation, Carpenter

10. Father's Birthplace, Germany

Name of Medical Attendant, or other Person who makes this Return, Mrs Mary Amends

Address, 37 South Wolfe St

Remarks, CTD



he in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child to report its birth to the Commissioner of Health, in the manner and at the time prescribed in this section, and he shall be subjected to the fine of ten (10) dollars or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 88489 1

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Second (2d)

1. Sex, (state whether ~~male~~ or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

August 31st, 1886

4. Place of Birth, (Street and Number)

No 217 Jeffers

5. Full Name of Mother,

Mrs. Mary Louisa Beadenkopf

6. Mother's Maiden Name,

Miss Mary E. Buckheimer

7. Mother's Birthplace,

Baltimore, Md.

8. Full Name of Father,

Mr. George Beadenkopf

9. Father's Occupation,

Civil Engineer

10. Father's Birthplace,

Baltimore, Md.

Name of Medical Attendant, or other Person who makes this Return.

Wm. H. Glendinning M.D.

Address,

No. 102 N. Broadway

Remarks,



Birth of any child shall be reported to the Registrar of Vital Statistics, Baltimore City, by the mother, immediately thereafter it shall be the duty of the person or persons of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other laws and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2^d

1. Sex, (state whether male or female).

2. Race or Color, (if not of the white race)

3. Date of Birth.

P. 31. 86

4. Place of Birth, (Street and Number)

618. Poppleton St

5. Full Name of Mother.

Sarah Margaret Ways -

6. Mother's Maiden Name.

McLeod

7. Mother's Birthplace.

Martinsburg W. Va.

8. Full Name of Father.

Robt. B. Ways -

9. Father's Occupation.

Clerk -

10. Father's Birthplace.

Balto. Co. Md.

Name of Medical Attendant, or other Person who makes this Return

Levi M. Eastman

Address.

Englewood

Remarks.

Natural.

birth of any child shall occur without the attendance of a physician, or of a person trained in the art of midwifery, and the mother shall be liable to a fine of ten dollars, and shall be liable to imprisonment for a term not exceeding six months, if she shall be convicted of such offense. If the child shall be born dead, or if the mother shall be convicted of such offense, the child shall be subject to a fine of ten dollars, and shall be liable to imprisonment for a term not exceeding six months, if she shall be convicted of such offense. If the child shall be born dead, or if the mother shall be convicted of such offense, the child shall be subject to a fine of ten dollars, and shall be liable to imprisonment for a term not exceeding six months, if she shall be convicted of such offense.

RETURN OF A BIRTH 88491

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) Mulatto

3. Date of Birth, Aug 31/88

4. Place of Birth, (Street and Number) 389 C St

5. Full Name of Mother, Josephine Jackson

6. Mother's Maiden Name, Dixon

7. Mother's Birthplace, Levy

8. Full Name of Father, David Jackson

9. Father's Occupation, Wagon

10. Father's Birthplace, Pa

Name of Medical Attendant, or other Person who makes this Return, Dr. D. D. Jackson

Address, 155 S. D. Jackson St

Remarks, A midwife had charge of the case

until Dr. Jackson called -

R.



This is to certify that the foregoing is a true and correct copy of the original as filed in the office of the Registrar of Vital Statistics, Baltimore City, and that the same has been duly examined and found correct.

RETURN OF A BIRTH

88492

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race)

3. Date of Birth, Aug 9th 1886

4. Place of Birth, (Street and Number) 13 Lancaster st

5. Full Name of Mother, Sarah Gitzman

6. Mother's Maiden Name, Heffheart

7. Mother's Birthplace, Germany

8. Full Name of Father, Otto Gitzman

9. Father's Occupation, Laborer

10. Father's Birthplace, Germany

Name of Medical Attendant, or other Person who makes this Return, Mrs Elizabeth Gitz

Address, 121 Park St

Remarks,



be in attendance upon the mother, immediately after delivery, to determine the sex of the child, and to report its birth to the Registrar of Health, in the manner and within the period above regulated, and any such person who neglects to do so, shall be liable to a fine of not less than five dollars, nor more than ten dollars, for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 88423

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Eight (8th)

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

August 31st, 1886

4. Place of Birth, (Street and Number)

New Number

No. 335 East Fayette Street

5. Full Name of Mother,

Mrs. Elizabeth Tripp

6. Mother's Maiden Name,

Mrs. Elizabeth Peters

7. Mother's Birthplace,

Germany

8. Full Name of Father,

Mr. John Tripp

9. Father's Occupation,

Baker

10. Father's Birthplace,

Germany

Name of Medical Attendant, or other Person who makes this Return.

Dr. H. Glendinen, M.D.

Address,

No. 102 North Broadway

Remarks,



Birth of any child shall occur without the attendance of a physician or person duly qualified to attend on the mother, immediately thereafter it shall be the duty of the mother, or parents of such child, to report the same to the Registrar of Vital Statistics, and within the time specified above, registered, and any such person who fails to do so shall be liable to a fine of ten dollars for each offence to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

88494

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

3rd

1. Sex, (state whether male or female)

Female
White

2. Race or Color, (if not of the white race)

3. Date of Birth,

Aug 31st

4. Place of Birth, (Street and Number)

12 Ridgely St.

5. Full Name of Mother,

Carrie Ott

6. Mother's Maiden Name,

" Zell

7. Mother's Birthplace,

Pennsylvania

8. Full Name of Father,

Herman Ott

9. Father's Occupation,

Barber

10. Father's Birthplace,

Germany

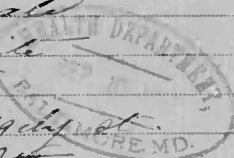
Name of Medical Attendant, or other Person who makes this Return.

C. L. Buddenbom

Address,

Remarks,

be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each failure to be reported as other fines and forfeitures are recoverable.



RETURN OF A BIRTH

88495

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

7

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

3. Date of Birth,

31st of August

4. Place of Birth, (Street and Number)

437 President St.

5. Full Name of Mother,

Katie Jourd

6. Mother's Maiden Name,

Hammond

7. Mother's Birthplace,

Italy

8. Full Name of Father,

Antonio Jourd

9. Father's Occupation,

Tavern-keeper

10. Father's Birthplace,

Italy

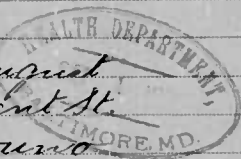
Name of Medical Attendant, ^{or other Person who} makes this Return.

Sarah Casper

Address,

72 E Lombard St.

Remarks,



Be to be returned to the Office of Registrar of Vital Statistics, Board of Health, by the mother and within the period above required, and any such person who neglects to do so, or who furnishes false information, or who furnishes information in violation of the provisions of this section, shall be subjected to the fine of \$10 in 190 dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH ⁸⁸⁴⁹⁶

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this return.

Address,

Remarks,



See instructions upon the inside of the cover. In the manner and within the period there required, and pay such person report its birth to the Registrar of Vital Statistics, Board of Health, Baltimore City, or persons who shall hereafter fail to comply with the provisions of this act, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other laws and regulations are recoverable.

RETURN OF A BIRTH 88499

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, 31 of August 1888

4. Place of Birth, (Street and Number) No. 13 Baltimore St.

5. Full Name of Mother, Maggie Hemmigh

6. Mother's Maiden Name, Maggie Magal

7. Mother's Birthplace, Baltimore

8. Full Name of Father, John Hemmigh

9. Father's Occupation, Laborer

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return, John H. Hemmigh

Address, 13 Baltimore St.

Remarks,

To be filled out by the attending physician, or other person who makes this Return, in the manner and within the period above required, and any such person who shall fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH ⁸⁸⁴⁹⁸

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (~~state whether 1st, 2d, 3d, &c.~~)

1. Sex, (~~state whether male or female~~)

2. Race or Color, (~~if not of the white race~~)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return,

Address,

Remarks,

August 31st 1886.

21 Bloomington St.

Rachel A. Early

Rachel A. Schaeffer

Carmel Co. Md.

Samuel Early

Wm. Wright

Philadelphia, Pa.

John L. R. Boyd, M.D.

273 Lexington St.



be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such class, to report the birth to the Commissioner of Health, the Registrar of Vital Statistics, and any person or persons who may be authorized by the Board of Health, and any person or persons who may be authorized by the Board of Health, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other dues and forfeitures are recoverable.

RETURN OF A BIRTH 88449

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *6th*

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *Aug. 24th 1884*

4. Place of Birth, (Street and Number) *No. 22 Sunnyside St.*

5. Full Name of Mother, *Annie Parie*

6. Mother's Maiden Name, *Annie Phillipps*

7. Mother's Birthplace, *Baltimore*

8. Full Name of Father, *Chas. Parie*

9. Father's Occupation, *Stone Cutter*

10. Father's Birthplace, *Baltimore*

Name of Medical Attendant, or other Person who makes this Return. *M. S. Budd*

Address, *185 S.E. cor. Central av. & Monument St.*

Remarks, *All Well*

be in attendance upon the mother, immediately after the birth of a child, and within the period above required, and any such person report its birth to the Commissioner of Health, or to the Registrar of Vital Statistics, in accordance with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered in other cases and forfeitures are recoverable.



RETURN OF A BIRTH 88500

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st*
1. Sex, (state whether male or female) *Female.*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *August 14th 1886.*
4. Place of Birth, (Street and Number) *461 Lexington street. Balt.*
5. Full Name of Mother, *Margaret Elizabeth Ann Fenner*
6. Mother's Maiden Name, *" " Sedley.*
7. Mother's Birthplace, *Baltimore*
8. Full Name of Father, *Charles Ferdinand Fenner*
9. Father's Occupation, *Metal worker.*
10. Father's Birthplace, *Baltimore*
- Name of Medical Attendant, or other Person who makes this Return *Mary A. Sedley.*
- Address. *No 461 Lexington street.*
- Remarks.



RETURN OF A BIRTH 88501

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st.*
1. Sex, (state whether male or female) *Male*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *August 6th. 1886.*
4. Place of Birth, (Street and Number) *No. 173 Dallas St*
5. Full Name of Mother, *Carolina*
6. Mother's Maiden Name, *Carolina Weinhart*
7. Mother's Birthplace, *Baltimore*
8. Full Name of Father, *Adam Weinhart.*
9. Father's Occupation, *Tanner*
10. Father's Birthplace, *Germa.*
- Name of Medical Attendant, or other Person who makes this Return. *M. J. Butt*
- Address, *185 S.E. cor Central av. & Monument St.*
- Remarks,

Be in attendance upon the mother, within the period above required, and any such person report the birth to the Registrar of Health in the manner and within the period above required, and any such person or persons who fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each of the two (2) months in which the birth occurred, and the fine shall be recoverable.

RETURN OF A BIRTH

58502

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d.

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

August 6th. 1880

4. Place of Birth, (Street and Number)

No. 512 N. Washington St.

5. Full Name of Mother,

Bell Holland

6. Mother's Maiden Name,

Bell Smith

7. Mother's Birthplace,

Tennessee

8. Full Name of Father,

Frank. Holland

9. Father's Occupation,

Painter

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return.

M. A. Butt,

Address, 185 E. or Central av. & Monument St.

Remarks, All Well

No. in Attendance Report the mother, when the child is born, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the loss of ten (10) dollars for each offense to be recovered as other laws and forfeitures are recoverable.

RETURN OF A BIRTH

88503

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 12th.

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

August 7th. 1886

4. Place of Birth, (Street and Number)

No 213 Orleans St.

5. Full Name of Mother,

Rosal Stein

6. Mother's Maiden Name,

Rosa Walter

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Charles Stein

9. Father's Occupation,

Butcher

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return.

M. V. Burt

Address, 185 S.E. cor Central av. & Monument St.

Remarks, All Well

be by attendance upon the mother, immediately after her delivery, and to report the birth to the Registrar of Vital Statistics, within the period above required, and any such person who fails to do so, shall be liable to a fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

88504

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, 9 Aug 1888

4. Place of Birth, (Street and Number) 29 E. Pratt St

5. Full Name of Mother, Kate Knoll

6. Mother's Maiden Name, Kate Captain

7. Mother's Birthplace, Baltimore

8. Full Name of Father, John Knoll

9. Father's Occupation, Labourer

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return, May K. K. K.

Address, 29 E. Pratt St

Remarks,



See in attendance upon the mother, immediately after the birth, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other laws and ordinances are enforceable.

RETURN OF A BIRTH 883 755

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, 10 Aug 1886

4. Place of Birth, (Street and Number) 156 N. Charles St

5. Full Name of Mother, May Hall

6. Mother's Maiden Name, May Norrington

7. Mother's Birthplace, Baltimore Md.

8. Full Name of Father, Endrop Hall

9. Father's Occupation, Dr. C.

10. Father's Birthplace, Belfast Ireland

Name of Medical Attendant, or other Person who makes this Return. Mary K. Smith

Address, 621 N. Charles St

Remarks, _____



Persons who shall hereafter fail to comply with the provisions of this Act, shall be subject to the fine of ten (10) dollars for each offense to be recovered as other laws and regulations are recoverable.

RETURN OF A BIRTH

18506

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

August 12th 1886

4. Place of Birth, (Street and Number)

131 High St

5. Full Name of Mother,

Margaret Okeef

6. Mother's Maiden Name,

Margaret Flynn

7. Mother's Birthplace,

Baltimore City Md

8. Full Name of Father,

Wm Okeef

9. Father's Occupation,

Laborer or driver

10. Father's Birthplace,

Baltimore City Md

Name of Medical Attendant, or other Person who makes this Return.

J. K. Miley M.D.

Address,

190 W Lombard St City

Remarks,

be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child to
by the Board of Health, in the manner and within the period above required, and any such person
or persons who shall neglect or fail to comply with the provisions of this section, shall be subject to the fine of ten (10) dollars
for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH ⁸⁸⁵⁰⁷

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, 12 Aug 88

4. Place of Birth, (Street and Number) 129 N Schappell St

5. Full Name of Mother, Kate Fuchs

6. Mother's Maiden Name, Kate Gwack

7. Mother's Birthplace, Polonia

8. Full Name of Father, John Fuchs

9. Father's Occupation, Tailor

10. Father's Birthplace, Polonia

Name of Medical Attendant, or other Person who makes this Return.

Mary Kaptish

Address, 69 N Washington St

Remarks,



See in attendance upon the mother, and within the period above required, and any such person report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

88508

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, 12 Aug 1886

4. Place of Birth, (Street and Number) 163 N. Chapple St

5. Full Name of Mother, Sophia Black

6. Mother's Maiden Name, Sophia Swick

7. Mother's Birthplace, Baltimore

8. Full Name of Father, John Black

9. Father's Occupation, Laborer

10. Father's Birthplace, Baltimore

Name of Medical Attendant, (or other Person who makes this Return) May Kopitsch

Address, 69 N. Washington St

Remarks,



See in attendance upon the mother, and report his birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered at other times and forfeitures are recoverable.

RETURN OF A BIRTH 18509

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) Boy

2. Race or Color, (if not of the white race) White

3. Date of Birth, 12 Aug 1850

4. Place of Birth, (Street and Number) 99 N. Chippendale St

5. Full Name of Mother, Mary Kaptel

6. Mother's Maiden Name, Mary Kaptel

7. Mother's Birthplace, Bohemia

8. Full Name of Father, John Kaptel

9. Father's Occupation, Tailor

10. Father's Birthplace, Bohemia

Name of Medical Attendant, or other Person who makes this Return, Mary Kaptel

Address, 99 North Washington St

Remarks,



Birth of any child shall occur without the attendance of a physician or midwife, or any other person, or any such person shall be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (\$10) dollars for each offense to be recovered.

RETURN OF A BIRTH.

88510

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *4th*
 1. Sex (state whether male or female) *Female*
 2. Race or Color (if not of the white race) *White*
 3. Date of Birth *Aug: 14 1896*
 4. Place of Birth (Street and Number) *Essex St.*
 5. Full Name of Mother *Clara Robinson*
 6. Mother's Maiden Name *Evans*
 7. Mother's Birthplace *Baltimore*
 8. Full Name of Father *Frank Robinson*
 9. Father's Occupation *Sailor*
 10. Father's Birthplace *Cambridge Md.*
 Name of Medical Attendant, or other Person who makes this Return. *Loretta Hoare, Midwife*
 Address *12. N. Elderly St.*
 Remarks



Birth of any child shall occur without the attendance of a physician or midwife, or any other person, who shall be in attendance upon the mother, immediately thereafter; and the parent or parents of such child, to report the birth to the Commissioner of Health, in the city of Baltimore, within the period therein required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

GIVEN NAME ADDED 4-24-56
RETURN OF A BIRTH 88511

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Edna Viola Burke
No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *First*

1. Sex, (state whether male or female) *Female*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *Aug. 16-1896*

4. Place of Birth, (Street and Number) *693 S. Charles St.*

5. Full Name of Mother, *Elizabeth Burke*

6. Mother's Maiden Name, *Elizabeth Achley*

7. Mother's Birthplace, *Baltimore*

8. Full Name of Father, *Thomas Burke*

9. Father's Occupation, *Firman B. O. M.*

10. Father's Birthplace, *Howard County*

Name of Medical Attendant, or other Person who makes this Return, *B. E. Phillips*

Address, *311 N. Lombard St.*

Remarks,

RETURN OF A BIRTH 88512

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, August 15 1884

4. Place of Birth, (Street and Number) 380 N. Stricker

5. Full Name of Mother, Ann R. Reilly

6. Mother's Maiden Name, Ann R. Jacobs

7. Mother's Birthplace, Baltimore Maryland

8. Full Name of Father, Charles H. Reilly

9. Father's Occupation, Bk. S.

10. Father's Birthplace, Maryland

Name of Medical Attendant, or other Person who makes this Return. J. J. Kelly M.D.

Address, 195 N. Lombard St.

Remarks,

Be it remembered, that the Registrar of Vital Statistics, Board of Health, Baltimore City, has received the foregoing statement of the birth of a child, and has thereon filed a copy of the same, and any such person who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH,

88513

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Second

1. Sex (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth

August 21/88

4. Place of Birth, (Street and Number)

5-6 Cumberland Ave.

5. Full Name of Mother

Mary Catherine Watkins

6. Mother's Maiden Name

Forner

7. Mother's Birthplace

Baltimore, Md

8. Full Name of Father

Millard F. Watkins

9. Father's Occupation

Police Officer

Father's Birthplace

Baltimore, Md

Name of Medical Attendant, or other Person who makes this Return.

Louis W. Knight M.D.

Address

414 N. Greene St

Remarks

name of the mother of such child or children.

RETURN OF A BIRTH

555/4

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. Sex, (state whether male or female)

girl

2. Race or Color, (if not of the white race)

white

3. Date of Birth,

Aug 22

4. Place of Birth, (Street and Number)

216 Mulberry

5. Full Name of Mother,

Louise Franke

6. Mother's Maiden Name,

Louise Traupe

7. Mother's Birthplace,

Liebenburg (Hannover) Germany

8. Full Name of Father,

Geo Franke

9. Father's Occupation,

aylor

10. Father's Birthplace,

Landenberg (Prussen) Germany

Name of Medical Attendant, or other Person who makes this Return.

Mrs. Lander

Address,

65 North Howard St.

Remarks,



Be in attendance upon the mother, immediately thereafter, in which the duty of the person or persons of such office as report its birth to the Registrar, or for whom the period above required, and any such person or persons, shall be subject to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

88515

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

6th child

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

3. Date of Birth,

Aug 23

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

Emily V. Balthon

6. Mother's Maiden Name,

Wingrove

7. Mother's Birthplace,

Richmond, Va.

8. Full Name of Father,

John V. Balthon

9. Father's Occupation,

Farmer

10. Father's Birthplace,

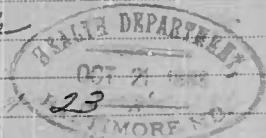
Richmond, Va.

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,

Be in attendance upon the mother, immediately after delivery, in the manner and within the time above required, and any such person who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.



RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

S. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

C. Mother's Maiden Name.

7. *Mother's Birthplace,*

8. *Full Name of Father,*

9. *Father's Occupation.*

10. *Father's Birthplace,*

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,

RETURN OF A BIRTH 88817

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1. 21.

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

Colored

3. Date of Birth,

Aug. 25th, 1886

4. Place of Birth, (Street and Number)

10 36 Jefferson St.

5. Full Name of Mother,

Lewis Johnson

6. Mother's Maiden Name,

Lewis King

7. Mother's Birthplace,

Prince Georges Town M.D.

8. Full Name of Father,

Chas. H. Johnson

9. Father's Occupation,

Laborer

10. Father's Birthplace,

Tolbert County.

Name of Medical Attendant, or other Person who makes this Return.

M. A. Butts

Address, 183 S.E. on Central av. & Monument St.

Remarks, All Well.

Be in attendance upon the mother, and report the birth of the child, and any such person who shall fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 1885/8

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th.

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, Aug. 26. 1886

4. Place of Birth, (Street and Number) No. 159. 1/2 Central av.

5. Full Name of Mother, Julia Waltman

6. Mother's Maiden Name, Miller

7. Mother's Birthplace, Pennsylvania

8. Full Name of Father, Lewis Waltman

9. Father's Occupation, Baker

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return M. J. Butt

Address, 185 S.E. cor Central av. & Monument St.

Remarks, AC Well

be in attendance upon the mother, nurse, or child, in the manner and within the period above required, and any such person report its birth to the Registrar of Vital Statistics, Board of Health, Baltimore City, and any such person who fails to do so shall be liable to a fine of ten dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 88514

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

5th

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Aug. 27 1888

4. Place of Birth, (Street and Number)

408 Federal St.

5. Full Name of Mother,

Mrs. Mary Power

6. Mother's Maiden Name,

Mary Jones

7. Mother's Birthplace,

Baltimore Md.

8. Full Name of Father,

George Power

9. Father's Occupation,

Engineer N. C. & R. R. Co.

10. Father's Birthplace,

Baltimore Md.

Name of Medical Attendant, or other person who makes this Return.

William B. Miller M.D.

Address,

1000 St. r. Forest Place

Remarks,



be in attendance upon the mother, immediately before and after the birth, in the manner and within the period above required, and any such person who shall neglect to do so, shall be liable to a fine of ten dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 1852

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *44*

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *Aug. 28th*

4. Place of Birth, (Street and Number) *206 Monument St*

5. Full Name of Mother, *Maggie Moyer*

6. Mother's Maiden Name, *Mair*

7. Mother's Birthplace, *Balto*

8. Full Name of Father, *Henry Moyer*

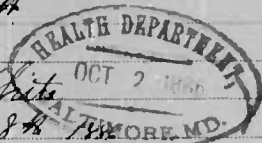
9. Father's Occupation, *Woolster*

10. Father's Birthplace, *Germany*

Name of Medical Attendant, or other Person who makes this Return. *Mrs Julia Gormy*

Address, *466 Gay St*

Remarks,



be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons at each local to report and who shall thereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten dollars for each offense to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH.

83521

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *13th child*
1. Sex, (state whether male or female) *female*
2. Race or Color, (if not of the white race) *colored*
3. Date of Birth *29 August 1895*
4. Place of Birth, (Street and Number) *No. 16. Riverside*
5. Full Name of Mother, *Mary Mace*
6. Mother's Maiden Name, *Baltimore*
7. Mother's Birthplace, *Baltimore*
8. Full Name of Father, *Bengaman Mace*
9. Father's Occupation, *laborer*
10. Father's Birthplace, *Baltimore*
- Name of Medical Attendant, or other Person who makes this Return. *Mary E Jones*
- Address, *1121 Sabatogas st*
- Remarks,



Birth of any child shall occur without the attendance of a physician, and the duty of the person or persons of such child, to be in attendance upon the mother, and to report the same to the Registrar of Health, in the manner and within the period there required, and any person who shall fail to comply with the provisions of this section, shall be subjected to the fine of ten (\$10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

Birth of any child shall occur without the attendance of a Physician or Trained Nurse, or without no other person being present, the parent or parents of such child, or the person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (\$10) dollars for each offense to be recovered in other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

18522

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth 20th August, 1886

4. Place of Birth, (Street and Number) 11th Washington Balto. Co.

5. Full Name of Mother, Hellie Penniman

6. Mother's Maiden Name, Thayer

7. Mother's Birthplace, Balto. City

8. Full Name of Father, Yates Penniman

9. Father's Occupation, Bank Clerk

10. Father's Birthplace, Balto. Md

Name of Medical Attendant, or other Person who makes this Return. J. H. Scaup M.D.

Address, Charles Center St

Remarks, live



RETURN OF A BIRTH 88523

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st.

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Aug. 29, 1886

4. Place of Birth, (Street and Number)

107 N. Spring St.

5. Full Name of Mother,

Emma Johnson

6. Mother's Maiden Name,

Emma Piercy

7. Mother's Birthplace,

Balto.

8. Full Name of Father,

Chas. Johnson

9. Father's Occupation,

Laborer

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return.

M. A. Butt

Address, 185 S.E. cor Central av. & Monument St.

Remarks, All Well

In attendance upon the mother, midwife, or other person who makes this Return, shall be required to report the birth to the Commissioner of Health, and to file a copy of this Return with the Registrar of Vital Statistics, and any such person or persons who shall fail to do so, shall be liable to a fine of ten dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 88524

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th.
1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, August 30th. 1886
4. Place of Birth, (Street and Number) 42 N. Caroline St.
5. Full Name of Mother, Sophia Klein
6. Mother's Maiden Name, Sophia Lang
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Henry Klein
9. Father's Occupation, Tailor
10. Father's Birthplace, Baltimore
- Name of Medical Attendant, or other Person who makes this Return, M. A. Burt
- Address, 185 S.E. cor Central av. & Monument St
- Remarks, All Well

report its birth to the Commissioner of Health, in this manner, within the period above required, and any such person or persons who shall thereafter fail to comply with the provision of this section shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

Missing 88525-88526

RETURN OF A BIRTH 88527

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex (state whether male or female),

female

2. Race or Color (if not of the white race),

Black

3. Date of Birth,

Baltimore April 30 1886

4. Place of Birth (Street and Number),

No 222

Bowers Court

5. Full Name of Mother,

Lucy Elizabeth Edwards

6. Mother's Maiden Name,

not married

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Thomas Wilson

9. Father's Occupation,

laborer

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other person who makes this Return

Robert Green

Address,

No 222 Bowers Court

Remarks,

mother, immediately thereafter it shall become the duty of the person or persons of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

Missing 88528 + 88529

8 1.530

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

6th.

Maile

Colloid,

July 15th 1886

No 68 Davis St.

Maimy Mosley

Mainly Iruval

Virginia

James Mosley

Restaurant Book

Baltimore

M. A. Butts.

Address, 185 S.E. cor Central av. & Monument St.

Remarks, All Well.

in case of attendance during the mother's immediately thereafter if shall become necessary, the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

88531

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9th.

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

July 18th 1886

4. Place of Birth, (Street and Number)

No 518 Washington St

5. Full Name of Mother,

L. Jackson

6. Mother's Maiden Name,

L. Wormsle

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

James Jackson

9. Father's Occupation,

Cigar maker

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return.

M. J. Butt

Address, 185 S.E. cor Central av. & Monument St.

Remarks, All Well

be in attendance upon the mother, immediately thereafter it shall be the duty of the Registrar to cause to be made a return of the birth of the child, and any such person or persons who shall be in attendance upon the mother at the time of the birth of the child, shall be liable to the penalty above required, and any such person or persons who shall be in attendance upon the mother at the time of the birth of the child, shall be liable to the penalty above required, and any such person or persons who shall be in attendance upon the mother at the time of the birth of the child, shall be liable to the penalty above required.

RETURN OF A BIRTH.

88532

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

First

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

Color

3. Date of Birth

July 20th

4. Place of Birth, (Street and Number)

87 Orleans St

5. Full Name of Mother,

Anna J. Hanes

6. Mother's Maiden Name,

W. W. Hanes

7. Mother's Birthplace,

Charlottesville Va

8. Full Name of Father,

John C. Hanes

9. Father's Occupation,

Barber

10. Father's Birthplace,

Baltimore Md

Name of Medical Attendant, or other Person who makes this Return.

H. E. Brooks M.D.

Address,

1519 - 241 E. Baltimore St

Remarks,



be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child, to report its birth to the Registrar of Vital Statistics, within the period above required, and any such person or persons who shall fail to comply with the provisions of this section, shall be subject to the fine of ten (10) dollars for each offence to be recovered in a summary proceeding in the Court of Common Pleas.

RETURN OF A BIRTH 88533

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

July 23rd 1886

4. Place of Birth, (Street and Number)

No. 543 Monument St.

5. Full Name of Mother,

Maria Tophacker

6. Mother's Maiden Name,

Maria Laborer

7. Mother's Birthplace,

Balto.

8. Full Name of Father,

John Tophacker

9. Father's Occupation,

Laborer

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return.

M. A. Butt

Address, 185 S. E. cor Central av. & Monument St.

Remarks, All Well



be in attendance upon the mother, immediately after it shall become the duty of the person or persons of such kind to report its birth to the Registrar of Vital Statistics, in the manner and within the period above required, and any such person or persons who fail to do so shall be liable to a fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

Return of a Birth. If a child shall be born without the aid of a medical attendant, the mother, immediately thereafter, shall become the duty of the parent or parents of such child, to be in attendance upon the mother, immediately thereafter, and within the period above required, and any such person reporting the birth of such child shall be held responsible for compliance with the provisions of this section, shall be subjected to the fine of ten dollars for each offence to be recovered as other laws and ordinances are recoverable.

RETURN OF A BIRTH.

81534

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

First

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

Colored

3. Date of Birth

July 24th 1886

4. Place of Birth, (Street and Number)

37 Hampden St.

5. Full Name of Mother,

Marcellina Goodard

6. Mother's Maiden Name,

a Daylor

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Julius B. Goodard

9. Father's Occupation,

Civil Engineer

10. Father's Birthplace,

Boston Mass

Name of Medical Attendant, or other Person who makes this Return.

H. E. Hooker M.D.

Address,

1519 E. Baltimore St.

Remarks,



RETURN OF A BIRTH

18535

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2nd*

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *July 25th. 1886*

4. Place of Birth, (Street and Number) *6087 Somerset St.*

5. Full Name of Mother, *Sarah Susan*

6. Mother's Maiden Name, *Sarah Minna*

7. Mother's Birthplace, *Balto*

8. Full Name of Father, *Sam. Justin*

9. Father's Occupation, *Salesman*

10. Father's Birthplace, *Baltimore*

Name of Medical Attendant, or other Person who makes this Return, *M. A. Butt*

Address, *185 S.E. cor Central & V. Monument St.*

Remarks, *All Well*

Birth of any child, or the death of any person, shall be reported to the Registrar of Vital Statistics, Baltimore City, by the person or persons who shall hereafter fall in compliance with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 85.36

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th.

1. Sex, (state whether male or female) female

2. Race or Color, (if not of the white race) White

3. Date of Birth, July 25th. 1886

4. Place of Birth, (Street and Number) 186. Hornumman av.

5. Full Name of Mother, Elina Deppert.

6. Mother's Maiden Name, E. Lambert.

7. Mother's Birthplace, Balto.

8. Full Name of Father, Joseph Deppert.

9. Father's Occupation, Shoemaker.

10. Father's Birthplace, Germany.

Name of Medical Attendant, or other Person who makes this Return M. A. Butt.

Address, 185 S.E. cor Central av. & Hornumman St.

Remarks, All Well

Birth of any child shall occur without the attendance of a physician or practitioner of medicine, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons attending the birth of the child to be the Commissioner of Health, in the manner and within the period above required, and any such person who shall fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered.

RETURN OF A BIRTH 81.1.37

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st.

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, July 25th. 1886

4. Place of Birth, (Street and Number) 347 Hartford av.

5. Full Name of Mother, Maria Kunkin

6. Mother's Maiden Name, Maria Huber

7. Mother's Birthplace, Balto.

8. Full Name of Father, John Kunkin

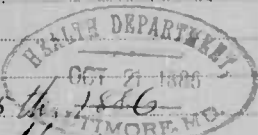
9. Father's Occupation, Laborer

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return, M. A. But

Address, 185 S. E. cor Central av. & Monument St.

Remarks, 447 All Well



Birth of any child is a civil offense, and whoever is in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered.

RETURN OF A BIRTH

85035

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

- No. of Child of Mother. (state whether 1st, 2d, 3d, &c.) 5th
1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, July 25 1888
4. Place of Birth, (Street and Number) 700 1/2 E. Lexington St. No. 6
5. Full Name of Mother, George C. Cooper
6. Mother's Maiden Name, George Buchanan
7. Mother's Birthplace, Lancaster, Md.
8. Full Name of Father, Peter C. Cooper
9. Father's Occupation, Porter
10. Father's Birthplace, Dulles, Md.
- Name of Medical Attendant, or other Person who makes this Return, Rept. H. Grass
- Address, 11 1/2 E. Lexington St.
- Remarks,

of the parents, and the maiden name of the mother at each child of marriage.

RETURN OF A BIRTH 89539

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2nd

1. Sex, (state whether male or female)

Boy

2. Race or Color, (if not of the white race)

White

3. Date of Birth

Monday July 26th 1886

4. Place of Birth, (Street and Number)

317 Grandmont Ave.

5. Full Name of Mother

Amie Schoff

6. Mother's Maiden Name

Amie Schaffer

7. Mother's Birthplace

Glenrock Pa.

8. Full Name of Father

Wm. H. Schoff

9. Father's Occupation

N. E. R. R. Engineer

10. Father's Birthplace

York Co. Pa.

Name of Medical Attendant, or other Person who makes this Return.

Wilmer Boniton M.D.

Address

Chas St + Forest Place

Remarks

Birth of any child upon the mother, immediately thereafter it shall become the duty of the person or persons of such child to report its birth to the Commissioner of Health, in the manner and within the period here required, and any person who fails to do so shall be liable to a fine of ten (\$10) dollars, or to imprisonment for not more than thirty days, or to both such fine and imprisonment, at the discretion of the court.

1874

Birth of any child shall occur without the attendance of a physician or practitioner of midwifery or should no other person be present in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons so present to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as an infraction and forfeitures are recoverable.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th.
 1. Sex, (state whether male or female) female
 2. Race or Color, (if not of the white race) White
 3. Date of Birth, July 28th 1886
 4. Place of Birth, (Street and Number) No. Broadfort ally
 5. Full Name of Mother, Anna Lesser
 6. Mother's Maiden Name, Mrs. Robinson
 7. Mother's Birthplace, Pennsylvania
 8. Full Name of Father, Martin Lesser
 9. Father's Occupation, Shoemaker
 10. Father's Birthplace, Baltimore
 Name of Medical Attendant, or other Person who makes this Return, M. N. Ball
 Address, 185 S.E. cor Central av. & Monument St.
 Remarks, 647 All Well

RETURN OF A BIRTH 88541

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Sixth (6th)*
1. Sex, (state whether male or female) *Female*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *July 29th 1886*
4. Place of Birth, (Street and Number) *101 S. Stricker*
5. Full Name of Mother, *Mam Davidson*
6. Mother's Maiden Name, *Mam Davis*
7. Mother's Birthplace, *Baltimore*
8. Full Name of Father, *Jos. Davidson*
9. Father's Occupation, *Engineer*
10. Father's Birthplace, *Baltimore*
- Name of Medical Attendant, or other Person who makes this Return, *D. F. Phillips*
- Address, *321 N. Lombard St.*
- Remarks,

certificate between the first and second of the month of the birth of any child shall occur, and the physician or practitioner of midwifery, or should no other person be present, the mother, immediately thereafter, it shall become the duty of the person or persons of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons, who shall hereafter fail to comply with the provisions of this section, shall be subject to the fine of ten (10) dollars for each offence to be recovered.

RETURN OF A BIRTH

88572

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th.

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, July 29th 1886

4. Place of Birth, (Street and Number) No 1263 Chew St.

5. Full Name of Mother, Amelia Donn

6. Mother's Maiden Name, Amelia Bear

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Chris. Donn

9. Father's Occupation, Laborer

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return. M. A. Butt.

Address, No 185 SE cor Centre av. & Monument St.

Remarks, Well

be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child to report its birth to the Commissioner of Health, in the manner and to the effect provided in this section, and no such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other laws and forfeitures are recoverable.

Birth of any child shall be reported to the Registrar of Vital Statistics, Baltimore City, by the mother, immediately thereafter it shall become the duty of the person or persons of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 88573

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, July 29th. 1886

4. Place of Birth, (Street and Number) No 4 Bellair road

5. Full Name of Mother, Anna Glounberg.

6. Mother's Maiden Name, Anna Kaiser

7. Mother's Birthplace, Germany.

8. Full Name of Father, John Glounberg

9. Father's Occupation, Leather dealer

10. Father's Birthplace, Germany.

Name of Medical Attendant, or other Person who makes this Return. M. A. Butt

Address, 185 S.E. cor Central av. & Monument St.

Remarks, All Well

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Mary Minnie --- *Rappold*
No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *4th*

1. Sex, (state whether male or female) *female*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *July 29th. 1886.*
4. Place of Birth, (Street and Number) *177 N. Central av.*
5. Full Name of Mother, *Larah ~~Wheeler~~ Rappold*
6. Mother's Maiden Name, *Beck*
7. Mother's Birthplace, *Richmond*
8. Full Name of Father, *John ~~Wheeler~~ Rappold*
9. Father's Occupation, *Baker*
10. Father's Birthplace, *Baltimore*

Name of Medical Attendant, or other Person who makes this Return. *M. A. Bult.*

Address, *185 S.E. cor Central av. & Monument St.*

Remarks, *All Well*

Birth of any child and the fact that the mother has become the duty of the person or persons of such a kind to report its birth to the Registrar of Vital Statistics, Baltimore City, within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this act, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH ⁸⁸⁵⁰⁵

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

The 4 Child

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

3. Date of Birth,

The 1 of September

4. Place of Birth, (Street and Number)

No 336 Pennsylvania Ave

5. Full Name of Mother,

Barbara Muller

6. Mother's Maiden Name,

Barbara Hoffmann

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

August Muller

9. Father's Occupation,

Labore

10. Father's Birthplace,

Germany

Name of Medical Attendant, or other Person who makes this Return.

Mr Ch. Lauer

Address,

No 173 Maryland

Remarks,

Bal. Med.

1886

Failure of any child shall occur within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

885246

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st*

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race) *white*

3. Date of Birth, *Sept 1st / 86*

4. Place of Birth, (Street and Number) *459 Carey St*

5. Full Name of Mother, *Mary Blumens*

6. Mother's Maiden Name, *" Isniffitts*

7. Mother's Birthplace, *Balto Co*

8. Full Name of Father, *Richard Blumens*

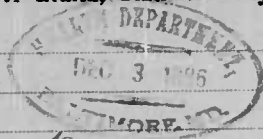
9. Father's Occupation, *Carpenter*

10. Father's Birthplace, *Balto - Md*

Name of Medical Attendant, or other Person who makes this Return, *Mrs A Mesinger*

Address, *123 Mosher St*

Remarks,



Be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such, as to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 88547

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st Child*

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *Sept. 1, 1886.*

4. Place of Birth, (Street and Number) *114 S. Shicker*

5. Full Name of Mother, *May E. Harris*

6. Mother's Maiden Name, *Fittings*

7. Mother's Birthplace, *Baltimore.*

8. Full Name of Father, *Robert T. Harris*

9. Father's Occupation, *Boiler Maker*

10. Father's Birthplace, *Virginia*

Name of Medical Attendant, or other Person who makes this Return, *John W. White, M.D.*

Address, *347 N. Broadway.*

Remarks,



Birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person report in Birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subject to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

certificate between the first and third day of each week, every health officer, or should no other person be in attendance upon the mother, immediately after the day of the person or persons of such child, to certify to the health officer, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subject to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

886748

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 5-72

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth Sept 1st -

4. Place of Birth, (Street and Number) 220 Milton Place

5. Full Name of Mother, Mrs. Mary Dulch

6. Mother's Maiden Name, " Miller

7. Mother's Birthplace, Boston

8. Full Name of Father, John Dulch

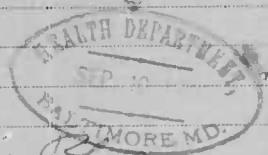
9. Father's Occupation, Careman in packing house

10. Father's Birthplace, Balto.

Name of Medical Attendant, or other Person who makes this Return. H. Hill M.D.

Address, 23 E. Madison Ave

Remarks, _____



RETURN OF A BIRTH 88529

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Second

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

1 Sept. 1886

4. Place of Birth, (Street and Number)

16 N. Carrollton Av.

5. Full Name of Mother,

Isabel H. Rigg

6. Mother's Maiden Name,

Heaton

7. Mother's Birthplace,

Cecil Co., Md.

8. Full Name of Father,

Howard A. Rigg

9. Father's Occupation,

Carpenter

10. Father's Birthplace,

Chester Co., Pa.

Name of Medical Attendant, or other Person who makes this Return

John Hool
594 W. Fayette St.

Address,

Remarks,

88550

the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should the delivery take place in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person who fails to do so shall be deemed to be guilty of a misdemeanor, and shall be liable to a fine of not more than \$100 dollars or imprisonment for not more than 60 days, or both, at the discretion of the court. Any person who is convicted of such offense shall be liable to a fine of not more than \$100 dollars or imprisonment for not more than 60 days, or both, at the discretion of the court.

Truth

Answer

Handwritten signature

September, 21

15. 11. 1941

Thymus praecox Steud.

Don't write

10 March

1. *Polypodium* *polypodioides*

[illegible]

St. Louis - Missouri

Robert L. B. ...

by & Co., City Printers and Stationers

RETURN OF A BIRTH 89551

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *7th & 8th Child*

1. Sex, (state whether male or female) *Boys, Twins*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *28th of September 1886*

4. Place of Birth, (Street and Number) *143 North Main Street*

5. Full Name of Mother, *Mary Bright*

6. Mother's Maiden Name, *Mary Schmilt*

7. Mother's Birthplace, *Annapolis*

8. Full Name of Father, *George Schmilt*

9. Father's Occupation, *Brick Layer*

10. Father's Birthplace, *Baltimore*

Name of Medical Attendant, or other Person who makes this Return, *Crescentia Kunkel*

Address, *71 North Chapel Street per Justina Kunkel*

Remarks, *Healthy*

Birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately after the birth of the child, the mother or other person in attendance upon the mother or other person who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

In case the certificate between the first and third day of each and every month to the office of the Commissioner of Health, or should no other person birth of any child shall be made, immediately thereafter it shall become the duty of the person or persons of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be liable to the fine of ten (10) dollars for each offense to be recovered.

RETURN OF A BIRTH

88552

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth

4. Place of Birth, (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return

Address

Remarks



14th September 1888
Wm. S. Smith
Mary Ann
Ireland
James H. Miller
Laborer
Ireland
John G. Griffith
Physician

RETURN OF A BIRTH

8553

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *the 3rd*

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race)

3. Date of Birth, *September 14 1880*

4. Place of Birth, (Street and Number) *120 East 1st*

5. Full Name of Mother, *Emma E. Goss*

6. Mother's Maiden Name, *Perine*

7. Mother's Birthplace, *City*

8. Full Name of Father, *Charles Rice*

9. Father's Occupation, *Miller*

10. Father's Birthplace, *City*

Name of Medical Attendant, or other Person who makes this Return, *Dr. J. B. L.*

Address, *120 East 1st*

Remarks,



Birth of any child shall occur, without the attendance of a Physician or licentiate of medicine, or should be attended by either, the mother or the mother immediately thereafter, in the manner and within the period above required, and any person who shall heretofore fail to comply with the provisions of this section, shall be subjected to the fine of \$10 dollars for each offense to be recovered.

Be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child to report its birth to the Commissioner of Health, in the manner and within the period there required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 88524

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

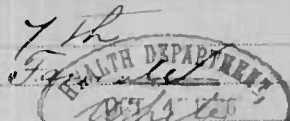
9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,



Sept 1st 1886

168 Penna Ave

Elizabeth S. Switzer

" Duwall

Howard Co Md

Jacob W. Switzer

Brooklyn

Baltimore

Susan Switzer

21 W. Pennellton St

RETURN OF A BIRTH P 8855

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Birtha Captola Thompson

Second

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

3. Date of Birth,

Sep 1-86

4. Place of Birth, (Street and Number)

No 560 E Fayette St

5. Full Name of Mother,

Susan E. Thompson

6. Mother's Maiden Name,

" " Corne

7. Mother's Birthplace,

Ma

8. Full Name of Father,

Ces A. E. Thompson

9. Father's Occupation,

Stone Moulder

10. Father's Birthplace,

Balto

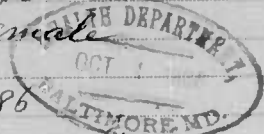
Name of Medical Attendant, or other Person who makes this Return.

Mary A. Allwell

Address, *912 Mc Donagh St*

Remarks,

GIVEN NAME ADDED, 12-5-57



In case of illegitimacy, the father, immediately thereafter it shall become the duty of the person or persons of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person not so doing shall be liable to a fine of ten dollars for each offense to be recovered as other fines and forfeitures are recoverable.

Birth of any child shall occur without the attendance of a Physician or practitioner of medicine, or should no other person be in attendance upon the mother, immediately after the birth of the child, the duty of the person or persons of such child to report the birth to the Registrar of Vital Statistics, in the manner and within the period above required, and any such person who fails to do so shall be liable to a fine of ten (10) dollars for each offense to be recovered as other laws and forfeitures are recoverable.

RETURN OF A BIRTH

88556

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Joseph Frederick Brown

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *Dec 1st 1886*

4. Place of Birth, (Street and Number) *17 Weymouth St*

5. Full Name of Mother, *Elara Beaufort Brown*

6. Mother's Maiden Name, *Elara S. Smith*

7. Mother's Birthplace, *Baltimore City*

8. Full Name of Father, *Richard Brown*

9. Father's Occupation, *Black*

10. Father's Birthplace, *Baltimore City*

Name of Medical Attendant, or other Person who makes this Return, *James C. Marshall*

Address, *277 N. E. St.*

Remarks,



RETURN OF A BIRTH ⁸⁸⁵⁵⁷

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

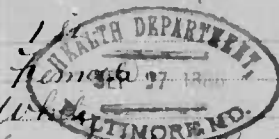
9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,



Wednesday Sept 27 1886

Madison Constitution Sts.

Pager Fleming

Pager Brown

Balt. Md.

George Fleming

Traveling Salesman

Balt. Md.

Wilmer Brinton M.D.

Case St. Forest Plank

report its birth to the Commissioner of Health, in the manner and within the period herein required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

8655

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *3rd*

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *Sept 2nd 1886*

4. Place of Birth, (Street and Number) *Cor Richmond & Howard*

5. Full Name of Mother, *Laura Schaper Rose*

6. Mother's Maiden Name, *Neel*

7. Mother's Birthplace, *Frank Rose*

8. Full Name of Father, *Subaccount*

9. Father's Occupation, *Phys*

10. Father's Birthplace, *C. Schaper & Co*

Name of Medical Attendant, or other Person who makes this Return. *509 Cathedral*

Address, *Remarks,*

RETURN OF A BIRTH

88559

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st.*

1. Sex, (state whether male or female) *female*

2. Race or Color, (if not of the white race) *white*

3. Date of Birth, *Sept. 2, 1894*

4. Place of Birth, (Street and Number) *412 Hanover St.*

5. Full Name of Mother, *Amelia Bittorf*

6. Mother's Maiden Name, *Winkelmann*

7. Mother's Birthplace, *Germany*

8. Full Name of Father, *Henry Bittorf*

9. Father's Occupation, *Barber*

10. Father's Birthplace, *412 Hanover St. Germany*

Name of Medical Attendant, or other Person who makes this Return, *C. L. Gadden*

Address, *"*

Remarks,

in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subject to the fine of ten (\$10) dollars for each offense to be recovered.

RETURN OF A BIRTH

88560

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st.
1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Colored.
3. Date of Birth, 2nd. Sept.
4. Place of Birth, (Street and Number) Baltimore Water St. 39.
5. Full Name of Mother, Lucy Thompson
6. Mother's Maiden Name, Baltimore
7. Mother's Birthplace, Illiginate Unknown
8. Full Name of Father, Illiginate Unknown
9. Father's Occupation,
10. Father's Birthplace,
- Name of Medical Attendant, or other Person who makes this Return. Mrs. Susan Morgan
- Address, 40 47 N. Durham St.
- Remarks,

to be filled out by the person or persons who shall be called to report the birth to the Commissioner of Health, in the manner and within the period above required, and any person who neglects to do so, or who furnishes false information, shall be subject to the fine of ten (10) dollars for each offense to be recovered as other laws and ordinances are recoverable.

Every physician or practitioner of medicine, or other person, who is called upon to attend upon a woman, or to deliver a child, or to report its birth to the authorities, shall be bound to fill out this form, and to file it with the Registrar of Vital Statistics, Baltimore City, within the time specified, and any such person who fails to do so, shall be liable to a fine of not less than ten dollars, and not more than fifty dollars, for each offense to be recovered.

RETURN OF A BIRTH ⁸⁸⁵⁶¹

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, Sept. 2nd 1888

4. Place of Birth, (Street and Number) 520 Penn. St.

5. Full Name of Mother, Sophia Aschenmeier

6. Mother's Maiden Name, " Koch

7. Mother's Birthplace, Balt.

8. Full Name of Father, W. H. Aschenmeier

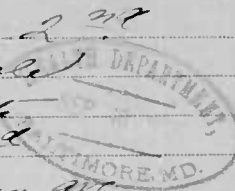
9. Father's Occupation, Butter

10. Father's Birthplace, Balt.

Name of Medical Attendant, or other Person who makes this Return. C. L. Buddenbrock

Address, _____

Remarks, _____



So as the mother upon the mother, immediately thereafter it shall become the duty of the person or persons of such child to report its birth in the (Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other laws and ordinances are recoverable.

RETURN OF A BIRTH ⁸⁸⁵⁶²

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

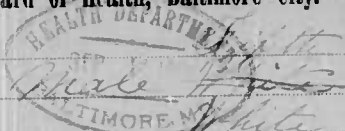
9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,



No. 135 Conway St.

Josephine Breechman

Josephine Hicks

Virginia

Samuel S. Breyer

Driver

Virginia

Mrs. Mink M. M. M.

1 Leadenhall St. Conway St.

Perfect

RETURN OF A BIRTH 85523

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Alonso Otto Steinert First
No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

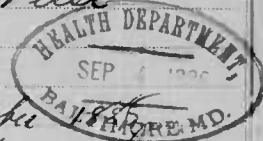
1. Sex, (state whether male or female) *Male*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *2d September*
4. Place of Birth, (Street and Number) *#294 W. E. Dorough St.*
5. Full Name of Mother, *Blanche Rose*
6. Mother's Maiden Name, _____
7. Mother's Birthplace, *Baltimore City*
8. Full Name of Father, *Frank Steinert*
9. Father's Occupation, *Gigar maker*
10. Father's Birthplace, *Germany*

Name of Medical Attendant, or other Person who makes this Return,

Address, *# 256 North Eden St.*

Remarks,

CITY NAME ADDED. 5-9-52



See the instructions upon the matter immediately thereafter to be filled out by the Registrar of Births in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

As an alien subject to the laws of the United States, it is the duty of the person or persons of such child to report its birth to the Commissioner of Health, in the manner and within the period prescribed in the laws of the State of Maryland, and for each offense to be recovered as other laws and regulations are recoverable.

RETURN OF A BIRTH

88524

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 ⁴ *Child*



1. Sex, (state whether male or female)
 2. Race or Color, (if not of the white race) *White*
 3. Date of Birth, *September the 2. 1886*
 4. Place of Birth, (Street and Number) *Ensor St. No. 27*
 5. Full Name of Mother, *Margdalena Nielsen*
 6. Mother's Maiden Name, *Margdalena Christensen*
 7. Mother's Birthplace, *Copenhagen, Denmark, Europe*
 8. Full Name of Father, *Georg Nielsen*
 9. Father's Occupation, *Cigar maker*
 10. Father's Birthplace, *Copenhagen, Denmark, Europe*
- Name of Medical Attendant, or other Person who makes this Return *Mary E. Miller*
- Address, *N. Dallas St. No. 26*

Remarks,

be in such cases, the person who makes this Return shall be liable to a fine of ten (10) dollars for each offence to be recovered as civil damages and forfeitures are recoverable.

RETURN OF A BIRTH 88565

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (~~state whether 1st, 2d, 3d, 4th~~)

1. Sex, (~~state whether male or female~~)

2. Race or Color, (~~if not of the white race~~)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,



Sept, 2nd 1888

635 N High St

Annie Stricker

" Hargader

Baltimore

John Stricker

clerk

Baltimore

Dr. J. S. Hargader M.D.

882 Baltimore St

Instrumental

RETURN OF A BIRTH 89566

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st*
1. Sex, (state whether male or female) *Male*
2. Race or Color, (if not of the white race) *white*
3. Date of Birth, *2nd of Sept.*
4. Place of Birth, (Street and Number) *# 211 Barr St.*
5. Full Name of Mother, *Barbara Mary Zimmerman*
6. Mother's Maiden Name, *Barbara Mary Kuehltz*
7. Mother's Birthplace, *Baltimore Md.*
8. Full Name of Father, *Alfred Zimmerman*
9. Father's Occupation, *Brakeman on B. & O. R.R.*
10. Father's Birthplace, *Friburg Germany*
- Name of Medical Attendant, or other Person who makes this Return, *John March*
- Address, *1 Seidenhall St.*
- Remarks,



report its birth to the Commissioner of Health in the manner and within the period above prescribed, and a fee of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH ⁸⁸⁵⁶⁷

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Second
Female



1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

Sep 2 - 86

4. Place of Birth, (Street and Number)

No 326 N. Ann St

5. Full Name of Mother,

Ella. V. German

6. Mother's Maiden Name,

" " Fisher

7. Mother's Birthplace,

Balto

8. Full Name of Father,

Wm H. German

9. Father's Occupation,

Plumber

10. Father's Birthplace,

Balto

Name of Medical Attendant, or other Person who makes this Return.

Harry A. Allwell

Address, *246 N. Conogh St*

Remarks,

report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other laws and ordinances are recoverable.

RETURN OF A BIRTH

85568

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Ruby Adele Penn

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Fifth
Female

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

Sep 2 - 86

4. Place of Birth, (Street and Number)

N. 139 N Chester

5. Full Name of Mother,

Lusana J. Penn

6. Mother's Maiden Name,

" " Young

7. Mother's Birthplace,

MD

8. Full Name of Father,

Richard Penn

9. Father's Occupation,

Silver Plater

10. Father's Birthplace,

England

Name of Medical Attendant, or other Person who makes this Return.

Henry A. Allwell

Address, 912 Mc Donagh st

Remarks,



RETURN OF A BIRTH

85569

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Second*

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

Light brown

3. Date of Birth,

Third of Sept 1886

4. Place of Birth, (Street and Number)

Libert street 10 16

5. Full Name of Mother

Susan Bell

6. Mother's Maiden Name,

Susan Johnson

7. Mother's Birthplace,

Essex county Va

8. Full Name of Father.

William Bell

9. Father's Occupation,

Water

10. Father's Birthplace,

Baltimore City

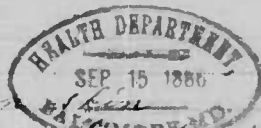
Name of Medical Attendant, or other Person who makes this Return

Lydia Sorceville

Address,

13 Clinton ave

Remarks,



report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 885,0

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

The 2 Child

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

The 3rd of September

4. Place of Birth, (Street and Number)

No 15 Cambridge

5. Full Name of Mother,

Sarah Fleming

6. Mother's Maiden Name,

Sarah Dealin

7. Mother's Birthplace,

Ireland

8. Full Name of Father,

Michael Fleming

9. Father's Occupation,

Upholsterer

10. Father's Birthplace,

Ireland

Name of Medical Attendant, or other Person who makes this Return.

Mr. Chas. Sauer

Address,

No 173 Maryland Ave

Remarks,

Barb. Ind.

1886

RETURN OF A BIRTH 88571

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) white
3. Date of Birth, September 18 1880
4. Place of Birth, (Street and Number) Baltimore
5. Full Name of Mother, Mrs. Mary E. Smith
6. Mother's Maiden Name, Mrs. Mary E. Henselbach
7. Mother's Birthplace, Carroll County
8. Full Name of Father, Henry George Smith
9. Father's Occupation, Bricklayer
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who make this Return, Susan Huntington

Address, 21 W. Biddle St.

Remarks,

report its birth to the Commissioner of Health in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this law, shall be subject to the fine of ten dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH ⁸⁸⁵⁷²

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, Sept 3 1886

4. Place of Birth, (Street and Number) 698 N Pratt St

5. Full Name of Mother, Alvarita Lloyd

6. Mother's Maiden Name, Alvarita Bergneider

7. Mother's Birthplace, Bohlo

8. Full Name of Father, Robert Lloyd

9. Father's Occupation, Mechanic

10. Father's Birthplace, Bohlo

Name of Medical Attendant, or other Person who makes this Return. H. Shinner M.D.

Address, 41 N. Leonard St.

Remarks, _____

Persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH ^{885 1/3}

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *fifth child*

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *September 3*

4. Place of Birth, (Street and Number) *478 Canton*

5. Full Name of Mother, *Kenneth Himmer*

6. Mother's Maiden Name, *Smith*

7. Mother's Birthplace, *Ocean*

8. Full Name of Father, *George Himmer*

9. Father's Occupation, *Laborer*

10. Father's Birthplace, *Baltimore*

Name of Medical Attendant, or other Person who makes this Return. *Mr. Wiley*

Address, *No. 30 Patterson Park Ave*

Remarks,



report the birth to the Commissioner of Health in the manner and within the period above required, and any such person or persons who shall heretofore fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

3^d



1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,

white
Sep 3. / 86
Cor Park & Multry (94 Park St)
Southwmo (Mrs Ruppel)
Miss Ruppel
Germany
Chas E Ruppel
Grocer
Germany
Frederick A. Thompson
Office. 67 St. Charles St

See instructions upon the mother, immediately thereafter it will become the duty of the person or persons who shall be present at the birth, to report its birth to the Commissioner of Health, in the manner and within the period and at the place specified by each person or persons who shall hereafter fall to comply with the provisions of this act, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other laws and ordinances are recoverable.

RETURN OF A BIRTH

83075

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) fifth

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, Sept-3-1886

4. Place of Birth, (Street and Number) Sec. Boyd & Poppleton

5. Full Name of Mother, Maggie A. Verlan

6. Mother's Maiden Name, " " Weaver

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Thomas S. Verlan

9. Father's Occupation, Section at - star church

10. Father's Birthplace, Baltimore Co

Name of Medical Attendant, or other Person who makes this Return, M. J. Leman

Address, 741 Light St

Remarks, fine child (not named)



RETURN OF A BIRTH 88576

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, Sept 3rd 1886

4. Place of Birth, (Street and Number) 87 S. Paca St

5. Full Name of Mother, Annie Bauer Richd. Bauer

6. Mother's Maiden Name, Strachle

7. Mother's Birthplace, New York City

8. Full Name of Father, Richd. Bauer

9. Father's Occupation, Shaw case Manufac^r

10. Father's Birthplace, Phila

Name of Medical Attendant, or other Person who makes this Return. R. C. Lir

Address, Harmon St

Remarks,

be in attendance upon the mother immediately thereafter it shall become the duty of the person or persons of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

Report the birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

CERTIFICATE CORRECTED 11-5-51
RETURN OF A BIRTH 88577

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: *Johan Francis Rebel*
No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st*

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth, *Aug. 27th*, (~~Sept 25th~~) *1886*

4. Place of Birth, (Street and Number)

No 6 York ally

5. Full Name of Mother,

Mary Rebel

6. Mother's Maiden Name,

" Ludwig

7. Mother's Birthplace,

Germany

8. Full Name of Father,

Jos Rebel

9. Father's Occupation,

Box maker

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return.

Mrs A Wenzel

Address,

125 Prosser St

Remarks,

RETURN OF A BIRTH 88548

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *4th Child*

1. Sex, (state whether male or female) *white female*

2. Race or Color, (if not of the white race) *white*

3. Date of Birth, *3rd September*

4. Place of Birth, (Street and Number) *No. 35 Thacker st.*

5. Full Name of Mother, *Julia Schleicher*

6. Mother's Maiden Name, *Julia Schleicher*

7. Mother's Birthplace, *Bavaria*

8. Full Name of Father, *Frank Schleicher*

9. Father's Occupation, *Schneemaker*

10. Father's Birthplace, *Bavaria*

Name of Medical Attendant, or other Person who makes this Return *Mrs. Dummler*

Address, *68 North Charles St.*

Remarks,

Report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 18579

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

Third child

1. Sex, (state whether male or female)

female

2. Race or Color, (if not of the white race)

Colored

3. Date of Birth

Sept 3 1885

4. Place of Birth, (Street and Number)

24 Water St

5. Full Name of Mother,

Josphine

6. Mother's Maiden Name,

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Walter Gaskins

9. Father's Occupation,

Dray man

10. Father's Birthplace,

Baltimore

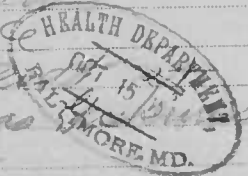
Name of Medical Attendant, or other Person who makes this Return.

Henry E. Jones

Address,

1123 B. Draper St

Remarks,



Be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons who shall report its birth to the Commissioner of Health, in the manner and within the time prescribed by law, and any such person or persons who shall hereafter fail to comply with the provisions of this act, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

Report the birth to the Commissioner of Health, in the manner and within the time above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

CERTIFICATE CORRECTED 8-22-58-
RETURN OF A BIRTH 88580

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: *Ellen R. Jones*
No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *8th*

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,



RETURN OF A BIRTH 88551

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. Sex, (state whether male or female)

male

2. Race or Color, (if not of the white race)

white

3. Date of Birth,

Sept 3, 1886

4. Place of Birth, (Street and Number)

286 Division St

5. Full Name of Mother,

Margaret Ann Rely

6. Mother's Maiden Name,

Orkney

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Daniel Rely

9. Father's Occupation,

Laborer

10. Father's Birthplace,

Ireland

Name of Medical Attendant, or other Person who makes this Return

Marbury Brown M.D.

Address,

68 McCulloh St

Remarks,

report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (\$10) dollars for each offense to be recovered as other laws and ordinances are recoverable.

85582

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2nd

1. Sex (state whether male or female)

Male

2. Race or Color (if not of the white race)

Colored

3. Date of Birth

Sept 3rd 76
East St. City

4. Place of Birth (Street and Number)

5. Full Name of Mother

Ella Mann

6. Mother's Maiden Name

Lowe

7. Mother's Birthplace

Baltimore

8. Full Name of Father

Chas Thomas Mann

9. Father's Occupation

Waiter

10. Father's Birthplace

Baltimore

Name of Medical Attendant, or other Person who makes this Return.

Loetitia Hoare, Midwife

Address

12 N^e Elden St. City

Remarks

name of the mother of such child or children.

RETURN OF A BIRTH 88513

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, Sept 4 1886

4. Place of Birth, (Street and Number) 313 W. Hampden St.

5. Full Name of Mother, Harriet J. Stettin

6. Mother's Maiden Name, " "

7. Mother's Birthplace, Wash. Co. Md.

8. Full Name of Father, Joseph M. Stettin

9. Father's Occupation, Clerk

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return, Theodor Decker M.D.

Address, 116 Harrison St. Room 13

Remarks,

Persons who shall hereafter fall in line with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 88584

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th
1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) white race
3. Date of Birth, September 24th
4. Place of Birth, (Street and Number) Baltimore Health St. 22
5. Full Name of Mother, Ellen Richards
6. Mother's Maiden Name, Seymour
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Edward Richards
9. Father's Occupation, laborer
10. Father's Birthplace, Germany
- Name of Medical Attendant, or other Person who makes this Return, Elizabeth Hallinan
- Address, Light St. 432
- Remarks,

Report this birth to the Commissioner of Health, in the manner and within the period above required, and pay each person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered.

Report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

GIVEN NAME ADDED, 3-7-35

88595

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Walter Parker Taylor

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *4th*

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth

4th Sept. 1886

4. Place of Birth, (Street and Number)

53 N Wolf St Bal, City

5. Full Name of Mother,

Amy Jane Taylor

6. Mother's Maiden Name,

Mc Donnell

7. Mother's Birthplace,

Baltimore City Md

8. Full Name of Father,

Walter Parker Taylor

9. Father's Occupation,

Car Mechanic

10. Father's Birthplace,

Philadelphia Penn

Name of Medical Attendant, or other Person who makes this Return.

W A Pennington

Address, *800 N. Mount Vernon St*

Remarks,

Walter Taylor being well before not so well



RETURN OF A BIRTH 88586

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

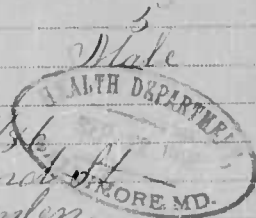
9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,



September 4/86

No 200 S Bond St

Minie Bomlen

Evans

Baltimore

Charles Bomlen

Boiler Maker

Baltimore

Mrs Louise Kraft

No 142 S Washington St

Report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

35587

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Second

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

September 11

4. Place of Birth, (Street and Number)

125 W. Hall St

5. Full Name of Mother,

Bessie Sommers

6. Mother's Maiden Name,

Robbins

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Thomas S. Sommers

9. Father's Occupation,

Bricklayer

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return,

J. H. Aldrich M.D.

Address,

1110 Caroline St

Remarks,



report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall thereafter fail to comply with the provisions of this section, shall be subjected to the fine of five (5) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 81538

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) the 4 child

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) _____

3. Date of Birth, September 4th 1896

4. Place of Birth, (Street and Number) Lower Sayre and Jackson

5. Full Name of Mother, Elizabeth Hammer

6. Mother's Maiden Name, Rose

7. Mother's Birthplace, City

8. Full Name of Father, Carl Wagner

9. Father's Occupation, Teacher

10. Father's Birthplace, City

Name of Medical Attendant, or other Person who makes this Return Lizzy Bittz

Address, 1100 Park St

Remarks, _____



report its birth to the Registrar of Health in the manner set within the printed lines required, and any such person who fails to do so, shall be subject to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 5557

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st child
Male

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

September 4th 1896

4. Place of Birth, (Street and Number)

No 839 W. Pratt St

5. Full Name of Mother,

Hannah Kaufman

6. Mother's Maiden Name,

" " Chas

7. Mother's Birthplace,

Braunschweig

8. Full Name of Father,

Henry Kaufman

9. Father's Occupation,

Cabinet Maker

10. Father's Birthplace,

Hessle

Name of Medical Attendant, or other Person who makes this Return

Annie Sinder

Address,

No 43 B. Monroe St

Remarks,



report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

Birth of any child shall occur without the attendance of a physician or practitioner of medicine, or chemist or other person, or be in attendance upon the mother, infant or child, or shall be the subject of the report of the person or persons attending such child to the Office of Registrar of Vital Statistics, in the manner and within the period above required, and any such person who shall hereafter fail to comply with the provisions of this section, shall be subject to the fine of ten (10) dollars for each offense to be recovered as other laws and forfeitures are recoverable.

RETURN OF A BIRTH

885911

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *First.*
1. Sex, (state whether male or female) *Male.*
2. Race or Color, (if not of the white race) *White.*
3. Date of Birth, *Inf. 4th 1895*
4. Place of Birth, (Street and Number) *Maternity, 161 W. Lombard St.*
5. Full Name of Mother, *Fannie Norris.*
6. Mother's Maiden Name, *Do.*
7. Mother's Birthplace, *Maryland.*
8. Full Name of Father, _____
9. Father's Occupation, _____
10. Father's Birthplace, _____
- Name of Medical Attendant, or other Person who makes this Return, *L. F. Ankrim.*
- Address, *Maternity, 161 W. Lombard St.*
- Remarks, _____



RETURN OF A BIRTH 88591

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, September 1st 1888

4. Place of Birth, (Street and Number) Parish St. Station

5. Full Name of Mother, Elizabeth Riley

6. Mother's Maiden Name, Elizabeth Johnson

7. Mother's Birthplace, Baltimore

8. Full Name of Father, John E. Riley

9. Father's Occupation, iron moulder

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return, Mr. S. Kelly

Address, 10727 Pratt St

Remarks,



Report his birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH ⁸⁸⁵⁹²

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

First
Male

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

Sep 4 - 86

4. Place of Birth, (Street and Number)

No 350 N Washington

5. Full Name of Mother,

Teresea M. Gaff

6. Mother's Maiden Name,

" " Vernon

7. Mother's Birthplace,

Philadelphia

8. Full Name of Father,

John J. Gaff

9. Father's Occupation,

Cannemaker

10. Father's Birthplace,

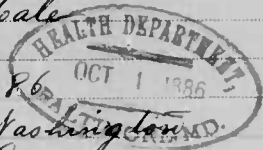
Balto

Name of Medical Attendant, or other Person who makes this Return.

Mary A. Allwell

Address, 912 Mc-Donogh St

Remarks,

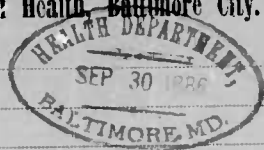


In all cases, the mother, immediately thereafter, shall return the duty of the person or persons of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

Report the birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, Sept 4 1886

4. Place of Birth, (Street and Number) 2478 Jefferson

5. Full Name of Mother, Annie Sullivan

6. Mother's Maiden Name, Bessie Siegmund

7. Mother's Birthplace, Baltimore Md

8. Full Name of Father, Robert Sullivan

9. Father's Occupation, Clerk

10. Father's Birthplace, Balto Md

Name of Medical Attendant, or other Person who makes this Return, May Lepton

Address, 671 Washington St

Remarks,

RETURN OF A BIRTH

88594

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.) 3rd.

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

Colored

3. Date of Birth,

September 5

4. Place of Birth, (Street and Number)

101 Orchard St

5. Full Name of Mother.

May Charity Scott

6. Mother's Maiden Name,

May Charity Dorsey

7. Mother's Birthplace,

Harford County

8. Full Name of Father,

Charles Scott

9. Father's Occupation,

Laborer

10. Father's Birthplace,

Baltimore md

Name of Medical Attendant, or other Person who makes this Return

Sarah S. Smithers

Address,

101 Orchard St

Remarks,

88595

Birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or without an other person being in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child, to report its birth to the Commissioner of Health, in the manner and within the time above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be punishable to the fine of ten (10) dollars for each offence to be removed as other duty and forfeitures are recoverable.

Remarks.



RETURN OF A BIRTH 88596

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

13

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

Colored

3. Date of Birth,

Sept 8 1898

4. Place of Birth, (Street and Number)

7 Bruce St

5. Full Name of Mother,

Mellie Johnson

6. Mother's Maiden Name,

Mellie

7. Mother's Birthplace,

Ind

8. Full Name of Father,

Edw Johnson

9. Father's Occupation,

Labourer

10. Father's Birthplace,

Ind

Name of Medical Attendant, or other Person who makes this Return.

Jane Woodman

Address,

Remarks,

report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

84577

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 - Twins

1. Sex, (state whether male or female)

Males

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Sunday - 5th

4. Place of Birth, (Street and Number)

Warner St - 1172

5. Full Name of Mother,

Mrs. Maryanne Schmidt McLaughlin

6. Mother's Maiden Name,

Maryanne Schmidt

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

James M. McLaughlin

9. Father's Occupation,

Hacker

10. Father's Birthplace,

Baltimore

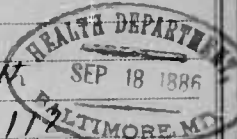
Name of Medical Attendant, or other Person who makes this Return.

Miss Baser

Address,

426 Broad St

Remarks,



report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

be in attendance upon the mother, immediately thereafter, it shall become the duty of the person or persons of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3d

1. Sex, (state whether male or female) male

2. Race or Color, (if not of the white race) white

3. Date of Birth September 5, 1886

4. Place of Birth, (Street and Number) 14 First St., Baltimore County, Md

5. Full Name of Mother, Emma Bean

6. Mother's Maiden Name, " Kraft

7. Mother's Birthplace, Md

8. Full Name of Father, Thomas L Bean

9. Father's Occupation, Merchant

10. Father's Birthplace, Md

Name of Medical Attendant, or other Person who makes this Return. Delivered born before any doctor arrived
Nurse Mary in attendance.

Address, Dr P. B. Williams 201 Madison Ave
near Subsequent to the birth for ten days who was about

Remarks,

G Lane Jamieson

219 Madison Ave



be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 88599

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st*

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Sept 5th 1880

4. Place of Birth, (Street and Number)

279 W. Ann St

5. Full Name of Mother,

Oris Joyce

6. Mother's Maiden Name,

Orrice Nash

7. Mother's Birthplace,

Maryland

8. Full Name of Father,

Harry B. Joyce

9. Father's Occupation,

Commission Merchant

10. Father's Birthplace,

Maryland

Name of Medical Attendant, or other Person who makes this Return.

J. T. Wiley M.D.

Address,

405 W. Lombard St

Remarks,

RETURN OF A BIRTH ⁸⁸⁶⁰⁰

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) ^{4th}

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

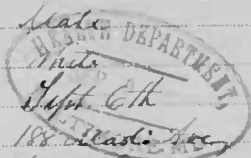
9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,



Annie Granger

Annie Granger

Virginia

Ed. W. Granger

Cigar Maker

Baltimore

J. H. Granger

10 E. Cathedral St

be in attendance upon the mother, immediately thereafter it shall become the duty of the parent or parents of such child, to report its birth to the Commissioner of Health, and within the period above required, and any such person or persons so failing to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH ⁸⁸⁶²⁷

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8th Child

1. Sex, (state whether ~~male~~ or female) _____
2. Race or Color, (if not of the white race) White
3. Date of Birth, September 2nd, 1886
4. Place of Birth, (Street and Number) E. Biddle St. No. 12.
5. Full Name of Mother, Megine Reiger
6. Mother's Maiden Name, Megine Flahn
7. Mother's Birthplace, Reichelbrunn, N. Wurtemberg, Germany
8. Full Name of Father, Johan. Reiger
9. Father's Occupation, Carpenter
10. Father's Birthplace, Neuhauseighen N. Wurtemberg Germany
- Name of Medical Attendant, or other Person who makes this Return, Mary E. Müller
- Address, N. Dallas St. No. 26
- Remarks, _____

Report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 98602

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

14th

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

Colored

3. Date of Birth,

Sept 6th 1896

4. Place of Birth, (Street and Number)

133 Bruce St

5. Full Name of Mother,

Lucy Manns

6. Mother's Maiden Name,

Lucy Pittman

7. Mother's Birthplace,

Pa

8. Full Name of Father,

Adrian Manns

9. Father's Occupation,

Driver

10. Father's Birthplace,

Ba

Name of Medical Attendant, or other Person who makes this return.

Jam W. Randall

Address,

Remarks,

Report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 88603

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

Levick

3. Date of Birth,

Sept 6 / 86

4. Place of Birth, (Street and Number)

10 Vaicent St

5. Full Name of Mother,

Annie Burgess

6. Mother's Maiden Name,

Annie Green

7. Mother's Birthplace,

Ypsilanti

8. Full Name of Father,

John Burgess

9. Father's Occupation,

Shoemaker

10. Father's Birthplace,

Mo

Name of Medical Attendant, or other Person who makes this Return.

Jane Dradling

Address,

Remarks,

Report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subject to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

Report the birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subject to the fine of \$1.00 (\$10 dollars) for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

88604

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

First Child

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Sep 1 of September

4. Place of Birth, (Street and Number)

Birth No 218 Conway St.

5. Full Name of Mother,

Louisa A. Juchacz

6. Mother's Maiden Name,

Louisa Mochler

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Christopher A. Juchacz

9. Father's Occupation,

Farmer

10. Father's Birthplace,

Baltimore

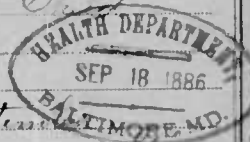
Name of Medical Attendant, or other Person who makes this Return.

Mrs Dange

Address,

426 Cross St

Remarks,



Report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (\$10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

188605

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, September 6th

4. Place of Birth, (Street and Number) 172 L green St

5. Full Name of Mother, Margaret agnes Walsh

6. Mother's Maiden Name, Laurence

7. Mother's Birthplace, Owings mill Balt Co. Md

8. Full Name of Father, John Robert Walsh

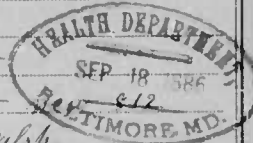
9. Father's Occupation, Clerk

10. Father's Birthplace, Ireland

Name of Medical Attendant, or other Person who makes this Return Mrs Bange

Address, 426 cross St

Remarks,



RETURN OF A BIRTH ¹⁸⁸⁶

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (~~state whether~~ male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth, September 6

4. Place of Birth, (Street and Number)

5. Full Name of Mother, Addie L Banks

6. Mother's Maiden Name, Addie L Wacker

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return

Address, 192 Linden St

Remarks,



African
1886

Charles Wacker No
Joseph James Banks
Stone Worker

13 Academy
Charles Davidson M.D.

copy of the report or return of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the case of illegitimate children, and any person or persons who fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each failure, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH 88607

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2nd

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

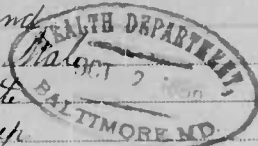
9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,



White

6 Sep

116 E. Center St

Mary Ida Cooper

Da - Perry

Scotland

William C Cooper

Porter

Ellicott city Md

Mrs Julia Groome

466 N Gay St

report the birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

88608

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

No of Child 4

1. Sex, (state whether male or female).

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Born Sept the 6

4. Place of Birth, (Street and Number)

Baltimore Shark St 270

5. Full Name of Mother,

Mary F. Roe

6. Mother's Maiden Name,

Mary D. Mahan

7. Mother's Birthplace,

Mullington Quincannon County Md

8. Full Name of Father,

Franklin R. Roe

9. Father's Occupation,

Blacksmith in Mount Airy

10. Father's Birthplace,

Keim Castle County Delaware

Name of Medical Attendant, or other Person who makes this Return

Dr. W. J. J. J. J.

Address,

No 170 South Shark Street

Remarks,



Report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

88609

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

First

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

3. Date of Birth,

Sept 6 1886

4. Place of Birth, (Street and Number)

No 398 E. Eager St.

5. Full Name of Mother,

Sally J. Beale

6. Mother's Maiden Name,

" " Robinson

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

James H. Beale

9. Father's Occupation,

Can maker

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return

Harry A. Allwell

Address, 912 Wm Donogh St

Remarks,



Report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (\$10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH ⁸⁸⁶¹⁰

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

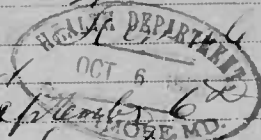
9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,



Hannig Brady
Baltimore and

Harry Mable
142 York Street

Report is made to the Commissioner of Health in the manner and within the period above required, and any such person or person failing to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH ⁸⁸⁶¹¹

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) ^{1st}

1. Sex, (state whether male or female)

male

2. Race or Color, (if not of the white race)

white

3. Date of Birth.

Sept 6. 1886

4. Place of Birth, (Street and Number)

316 W. Eutaw St

5. Full Name of Mother,

Leda Stockdale

6. Mother's Maiden Name,

Gilden

7. Mother's Birthplace,

Balt City

8. Full Name of Father,

Robert F. Stockdale

9. Father's Occupation,

clerk

10. Father's Birthplace,

Harford County Md

Name of Medical Attendant, or other Person who makes this Return.

Marshall Brewer M.D.

Address,

68 W. Eutaw St

Remarks,



report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 88612

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, Sept. 17th

4. Place of Birth, (Street and Number) 22 North Market Place

5. Full Name of Mother, Esther Spielman

6. Mother's Maiden Name, Esther Bernbaum

7. Mother's Birthplace, Poland

8. Full Name of Father, Jacob Spielman

9. Father's Occupation, Tailor

10. Father's Birthplace, Poland

Name of Medical Attendant, or other Person who makes this Return, Daniel V. Murphy M.D.

Address, 172 Chiswell St

Remarks, Premature - Died 3 days

report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subject to the fine of ten (10) dollars for each offense to be recovered as other laws and regulations may require.

RETURN OF A BIRTH. 886 13

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 94

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth Sept 7

4. Place of Birth, (Street and Number) 1115 S. Ann St

5. Full Name of Mother, Mrs. Fizzie Brown

6. Mother's Maiden Name, Black

7. Mother's Birthplace, Germany

8. Full Name of Father, August Knopf

9. Father's Occupation, Gunner & Dealer

10. Father's Birthplace, Germany

Name of Medical Attendant, or other Person who makes this Return, The Clerk

Address, # 55 S Bond St

Remarks,



Report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 88614

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.)

1st

1. (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Sept 7th 1886

4. Place of Birth, (Street and Number)

552 W. Stricker

5. Full Name of Mother,

Mellie League

6. Mother's Maiden Name,

Riley

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Chas League

9. Father's Occupation,

Brass Worker

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return

Chas E Jettler M.D.

Address,

550 Anna Hill Ave

Remarks,

report its birth to the Commissioner of Health, in the manner and within the period above required, and any person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 88615

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

4th

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

3. Date of Birth,

Sept. 7th 1886

4. Place of Birth, (Street and Number)

400 N. Gay St.

5. Full Name of Mother,

Margaret S. Guise

6. Mother's Maiden Name,

" " Tully

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Aaron S. Guise

9. Father's Occupation,

Seamaker

10. Father's Birthplace,

Glen Rock, York Co. Pa.

Name of Medical Attendant, or other Person who makes this Return.

Edward P. McDevitt

Address,

52 Aspinwall St.

Remarks,



RETURN OF A BIRTH. 88616

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th child

1. Sex (state whether Male or Female) male

2. Race or Color (if not of the white race) white

3. Date of Birth Sep^r 7th 88

4. Place of Birth (Street and Number) 767 Madison Ave

5. Full Name of Mother Martha Dawson

6. Mother's Maiden Name Charnblain

7. Mother's Birthplace Leesburg - Va

8. Full Name of Father Roger V. Dawson

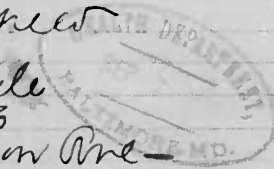
9. Father's Occupation Merchant

10. Father's Birthplace London Co Va

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks



John P. ...
128 Madison St.

Notes, it is to be filled out by the Registrar, who must fill both or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH ⁸⁸⁶¹⁷

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) The 1st child

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) _____

3. Date of Birth, September 7th 1886

4. Place of Birth, (Street and Number) 48 Capital St.

5. Full Name of Mother, Marion Hughes

6. Mother's Maiden Name, Wrightman

7. Mother's Birthplace, City

8. Full Name of Father, Harold Hughes

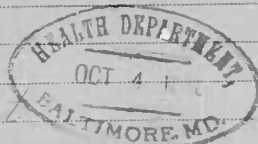
9. Father's Occupation, Laborer

10. Father's Birthplace, City

Name of Medical Attendant, or other Person who makes this Return. L. B. B.

Address, 120 Paul St.

Remarks, _____



report to birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who fail to do so, shall be subject to the fine of \$100, and for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

88618

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore, City.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

4

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

German

3. Date of Birth,

Sept 7th 1886

4. Place of Birth, (Street and Number)

Green St 65

5. Full Name of Mother,

Jetta Eichner

6. Mother's Maiden Name,

" Backofsky

7. Mother's Birthplace,

Poland

8. Full Name of Father,

Heriman Eichner

9. Father's Occupation,

Glazer

10. Father's Birthplace,

Prussia

Name of Medical Attendant, or other Person who makes this Return.

Mrs R. W. U. U. U.

Address,

1302 Hall and St

Remarks,

report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

88619

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

7

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

3. Date of Birth,

Sept 7th 1886

4. Place of Birth, (Street and Number)

Orleans St 263

5. Full Name of Mother,

William Shull

6. Mother's Maiden Name,

" Selinger

7. Mother's Birthplace,

Balto Md

8. Full Name of Father,

Henry Shull

9. Father's Occupation,

Cigar maker

10. Father's Birthplace,

Balto Md

Name of Medical Attendant, or other Person who makes this Return.

Wm R. Ullig

Address,

1362 Holland St

Remarks,

Report the birth to the Commissioner of Health in the manner and within the period above indicated, and pay the fee thereon, as provided in the regulations of the Board of Health, and the fee for each offspring to be recovered as other fines and forfeitures are recoverable.



RETURN OF A BIRTH 98620

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *8th*

1. Sex, (state whether male or female) *males 2*

2. Race or Color, (if not of the white race) _____

3. Date of Birth, *Sep. 7th*

4. Place of Birth, (Street and Number) *676 South (West of) Baltimore*

5. Full Name of Mother, *Elisa Reudling*

6. Mother's Maiden Name, *Young*

7. Mother's Birthplace, *Germany*

8. Full Name of Father, *Frederick Reudling*

9. Father's Occupation, *Shoemaker*

10. Father's Birthplace, *Germany*

Name of Medical Attendant, or other Person who makes this Return. *Miss Church*

Address, *1 Leadenhall St.*

Remarks, _____



report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 98621

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

First
HEALTH DEPARTMENT
OCT 2 1886

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

September 7th
2519 West St

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

Elizabeth Woolmer
= Amene

6. Mother's Maiden Name,

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

James R Woolmer
Laborer

9. Father's Occupation,

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return

Miss Munch.

Address,

1 Leadenhall St.

Remarks,

report his birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 81622

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd. 1178 DAP 1077
1. Sex (state whether male or female), Male.
 2. Race or Color (if not of the white race), White.
 3. Date of Birth, September 17th 1886.
 4. Place of Birth (Street and Number), 526 East St.
 5. Full Name of Mother, Mary H. H. H.
 6. Mother's Maiden Name, Mary Conly.
 7. Mother's Birthplace, Baltimore.
 8. Full Name of Father, J. M. H. H.
 9. Father's Occupation, Molded.
 10. Father's Birthplace, Balto.
- Name of Medical Attendant, or other person who makes this Return, M. A. B. H.
- Address, 185 S. E. cor Central ave. & Monument St.
- Remarks, 64 N. Hill.

The Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and penalties are recoverable.

report in birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of (100) dollars for each offense to be recovered as other data and deficiencies are recovered.

RETURN OF A BIRTH 88623

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *3rd*

1. Sex, (state whether male or female) *Female*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *7 Sep.*

4. Place of Birth, (Street and Number) *365 N Bond St*

5. Full Name of Mother, *Mary E O Toole*

6. Mother's Maiden Name, *" " Hall*

7. Mother's Birthplace, *New York*

8. Full Name of Father, *Nichol C Toole*

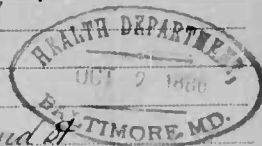
9. Father's Occupation, *Restaurant Keeper*

10. Father's Birthplace, *Balto*

Name of Medical Attendant, or other Person who makes this Return, *Mrs Julia Grady*

Address, *466 N Gay St*

Remarks,



RETURN OF A BIRTH 91624

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: *Theresia V. Lewis*
 No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *4th*

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

7th of September 1891

4. Place of Birth, (Street and Number)

Baltimore #2 White Alley

5. Full Name of Mother,

Lula A. Lewis

6. Mother's Maiden Name,

Lula A. Schulz

7. Mother's Birthplace,

Bremen

8. Full Name of Father,

Charles Peter Lewis

9. Father's Occupation,

Blacksmith

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return.

Mrs. Dumbler

Address,

60 North Scheraga St

Remarks,

Report in Birth in the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.



person
dollars
report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person
for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 88625

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

First

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Sept 7

4. Place of Birth, (Street and Number)

17 S. Carroll St

5. Full Name of Mother,

Alice Zepp

6. Mother's Maiden Name,

Alice Gray

7. Mother's Birthplace,

Maryland

8. Full Name of Father,

Christopher Zepp

9. Father's Occupation,

Machinist

10. Father's Birthplace,

Maryland

Name of Medical Attendant, or other Person who makes this Return.

C. P. Graham M.D.

Address,

Remarks,



RETURN OF A BIRTH 88626

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2d*
1. Sex, (state whether male or female) *Male*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *5 of September 1886*
4. Place of Birth, (Street and Number) *119 Eager St*
5. Full Name of Mother, *Jettie Stadelmaier*
6. Mother's Maiden Name, *Jenny Holtz*
7. Mother's Birthplace, *Baltimore*
8. Full Name of Father, *John Stadelmaier*
9. Father's Occupation, *Heavy Merchant*
10. Father's Birthplace, *Baltimore*
- Name of Medical Attendant, or other Person who makes this Return, *Mrs Christina Lauer*
- Address, *173 Chasford Ave*
- Remarks, *1886*

report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other dues and forfeitures are recoverable.

RETURN OF A BIRTH 88627

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2^d Child

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race) White

3. Date of Birth, September the 8, 1886

4. Place of Birth, (Street and Number) N. Dallas St. No. 191.

5. Full Name of Mother, Amie Limroed

6. Mother's Maiden Name, Amie Knapp

7. Mother's Birthplace, Balt. City

8. Full Name of Father, Wilhelm Limroed

9. Father's Occupation, Taylor

10. Father's Birthplace, Cassel, Prussia, Germany

Name of Medical Attendant, or other Person who makes this Return, Mary E. Müller

Address, N. Dallas St. No. 26

Remarks,

report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

88628

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

3rd

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Sept 8th

4. Place of Birth, (Street and Number)

20 Anthony St

5. Full Name of Mother,

Annie Gray

6. Mother's Maiden Name,

" Seipel

7. Mother's Birthplace,

Balta

8. Full Name of Father,

George E Gray

9. Father's Occupation,

Ice dealer

10. Father's Birthplace,

Balta

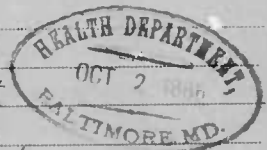
Name of Medical Attendant, or other Person who makes this Return.

Mrs Julia Grozny

Address,

466 N Gay St

Remarks,



report in this to the Commissioner of Health in the manner and within the period above required, and any such person who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered in other fines and forfeitures are recoverable.

RETURN OF A BIRTH 88629

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, Sep 20

4. Place of Birth, (Street and Number) N. W. Co. Wolf & Co.

5. Full Name of Mother. Amelie Carlene

6. Mother's Maiden Name. Annie Klerline

7. Mother's Birthplace, Germany

8. Full Name of Father, Gustav Carlene

9. Father's Occupation, cigar maker

10. Father's Birthplace, Germany

Name of Medical Attendant, or other Person who makes this Return. Mary Kefauver

Address, 69 N. W. 1st St.

Remarks,



report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine or ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

85630

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Second*
1. Sex, (state whether male or female) *Male*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *September 8th 1886*
4. Place of Birth, (Street and Number) *7 North Tenth Street*
5. Full Name of Mother, *Mr. Mary Meyerberg*
6. Mother's Maiden Name, *Dina Burshak*
7. Mother's Birthplace, *Poland*
8. Full Name of Father, *Mr. Abraham Meyerberg*
9. Father's Occupation, *Shoemaker*
10. Father's Birthplace, *Poland*
- Name of Medical Attendant, or other Person who makes this Return, *Mr. Spangler*
- Address, *40 North Tenth Street*
- Remarks,



report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other laws and ordinances are recoverable.

be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child, to report his birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other laws and ordinances are recoverable.

RETURN OF A BIRTH 98631

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *(6th)*
1. Sex, (state whether male or female) *Female*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *Sept 8th 86*
4. Place of Birth, (Street and Number) *484 Light St*
5. Full Name of Mother, *Olivia Webster*
6. Mother's Maiden Name, *Olevia Owen*
7. Mother's Birthplace, *Baltimore*
8. Full Name of Father, *Mr. A. Webster*
9. Father's Occupation, *Book-keeper*
10. Father's Birthplace, *Baltimore*
- Name of Medical Attendant, or other Person who makes this Return, *Dr. Phillips*
- Address, *311 W. Calver St*
- Remarks,

RETURN OF A BIRTH,

88632

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Second

1. Sex (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth

September 8/86.

4. Place of Birth, (Street and Number)

743-Penna. Avenue

5. Full Name of Mother

Carrie V. Kell

6. Mother's Maiden Name

Shipley

7. Mother's Birthplace

Baltimore Md.

8. Full Name of Father

Wm. F. Kell

9. Father's Occupation

Butcher

Father's Birthplace

Baltimore Md

Name of Medical Attendant, or other Person who makes this Return.

Louise W. Knight-M.D.

Address

414 N. Greene St

Remarks

name of the mother of such child or children.

RETURN OF A BIRTH 88633

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st Child

1. Sex, (state whether male or female)

Bob.

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

geboren den 9^{ten} September

4. Place of Birth, (Street and Number)

N^o 26. Coruschi Str

5. Full Name of Mother,

Alma Andrews

6. Mother's Maiden Name,

Alma Ose.

7. Mother's Birthplace,

Deutschland.

8. Full Name of Father,

Hermann Andrew

9. Father's Occupation,

Schuhmacher

10. Father's Birthplace,

Deutschland.

Name of Medical Attendant, or other Person who makes this Return,

Friederike Haufmann

Address, N^o 202. S. Dollars Str

Remarks,

Hebamme

be in attendance upon the mother, immediately thereafter to shall provide the duty of the person or persons of such child, to
 or persons who shall; hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars
 for each offence to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 88634.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4 ^{last Child}

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race) White

3. Date of Birth, September the 9, 1886

4. Place of Birth, (Street and Number) S. Ender St. No. 709

5. Full Name of Mother, Anna Weber

6. Mother's Maiden Name, Anna Gross

7. Mother's Birthplace, Balt. S. Ender St. Balt. City

8. Full Name of Father, John Weber

9. Father's Occupation, Stone Cutter

10. Father's Birthplace, Balt. City

Name of Medical Attendant, or other Person who makes this Return

Address, N. Dallas St. No. 26

Remarks,

be in attendance upon the mother, immediately thereafter, to attend the birth of the child, and to report its birth to the Registrar of Vital Statistics, within the time and in the manner and within the period above required, and any such person who fails to do so, or who fails to comply with the provisions of this section, shall be subject to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

85635

one in attendance upon the mother, immediately thereafter if, shall become the duty of the person or persons of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

4

MADE
FARM DEPARTMENT
FARM MD.

September 9, 80
Box 80 Chappell, NC

September 9, 80
Box 80 Chappell, NC

September 9, 1980
Box 80 Chappell, NC

September 9, 80
Box 80 Chappell, NC

September 9, 1980
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September 9, 1980
Box 80 Chappell, NC

September 9, 1980
Box 80 Chappell, NC

RETURN OF A BIRTH

88636

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

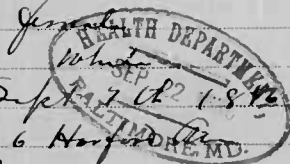
9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,



206 Howard St.

May Cross

Barbours

Baltimore

Bryan Cross

Police

Baltimore

Mr. B. Billing

228 E. Preston St.

Birth of any child shall be reported to the Registrar of Vital Statistics within ten days after the birth of the child, and the parent or persons of such child, as be in attendance upon the mother, immediately thereafter, it shall be the duty of the parent or persons of such child, to report the birth of the child to the Registrar of Vital Statistics, and to cause the same to be entered in the books of the Registrar of Vital Statistics, and to pay the fee for each offence to be reported as other fines and forfeitures are recoverable.

pen her, immediately thereafter, it shall become the duty of the person or persons to whom such child is reported to birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (\$10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

88637

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

7th

1. Sex (state whether male or female),

Female

2. Race or Color (if not of the white race),

White

3. Date of Birth,

Sept. 9th. 1886

4. Place of Birth (Street and Number),

No. 370 E Monument St.

5. Full Name of Mother,

Augusta. Ramphouse

6. Mother's Maiden Name,

Augusta Tanker

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

John H. Ramphouse

9. Father's Occupation,

Sailor

10. Father's Birthplace,

Baltimore.

Name of Medical Attendant, or other person who makes this Return.

M. A. Butt.

Address, 185. S.E. cor Central av. & Monument St

Remarks, 647 All Well

RETURN OF A BIRTH ⁸¹⁶³⁸

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *3rd*

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Sept 9th 1886

4. Place of Birth, (Street and Number)

75 Frederick Street

5. Full Name of Mother,

Katie Kramer

6. Mother's Maiden Name,

Hoffman

7. Mother's Birthplace,

Balto

8. Full Name of Father,

August Kramer

9. Father's Occupation,

Huckster

10. Father's Birthplace,

Balto Md

Name of Medical Attendant, or other Person who makes this Return.

Mrs A. M. M. M. M.

Address,

123 M. M. M.

Remarks,

be in attendance upon the mother, immediately after the birth, to report the birth to the Office of Health, in the manner and within the period above required, and any such person or persons failing to do so, or who shall fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

88639

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Sept. 9th 1886

4. Place of Birth, (Street and Number)

248 Central ave.

5. Full Name of Mother,

Lizza Keagle

6. Mother's Maiden Name,

Sandenslager

7. Mother's Birthplace,

Balto

8. Full Name of Father,

Niederick Keagle

9. Father's Occupation,

Fruit Packer

10. Father's Birthplace,

Balto

Name of Medical Attendant, or other Person who makes this Return.

Mrs Julia Emory

Address,

466 W Gay St

Remarks,



Be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such kind to record its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 88640

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether ~~male~~ or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,



9 September 1886.

Henry Street 427

Sophia Grandblaise

Sophia Becker

Altendorf German

Charles Grandblaise

Glass Galber.

Walerstahl German

Miss Munch.

1 Leadenhall St.

See attention upon the mother, must be given to the health of the child, and within the period of ten (10) days after the birth of the child, the mother shall be required to report this to the Registrar of Vital Statistics, Board of Health, Baltimore City, and shall be subject to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

18641

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, September 1886

4. Place of Birth, (Street and Number) 508 W. 1st St

5. Full Name of Mother, Annie Pazderske

6. Mother's Maiden Name, Anna Pazdlic

7. Mother's Birthplace, Bohemia

8. Full Name of Father, John Pazderske

9. Father's Occupation, Shoemaker

10. Father's Birthplace, Germany

Name of Medical Attendant, or other Person who makes this Return, Mary Pazderske

Address, 624 Washington St

Remarks,



be in attendance upon the mother, and within the period above required, and any such person report the birth to the Health Department, and if he or she fails to do so, he or she shall be liable for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 85642

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, 9 Sep 1886

4. Place of Birth, (Street and Number) 91 Darnall St

5. Full Name of Mother, Anna Hlawinka

6. Mother's Maiden Name, Anna Hlawinka

7. Mother's Birthplace, Bohemia

8. Full Name of Father, J. Hlawinka

9. Father's Occupation, Tailor

10. Father's Birthplace, Bohemia

Name of Medical Attendant, or other Person who makes this Return May K. J. J. J.

Address, 69 N. Holliday St

Remarks, 1



be in attendance upon the mother, until the child is born, and within the period above stated, and any person who fails to do so, or who fails to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 1864.3

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st.

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Sept 9th 1886.

4. Place of Birth, (Street and Number)

225 N. Eden St.

5. Full Name of Mother,

Mellie B. Deal

6. Mother's Maiden Name,

Mellie Brown

7. Mother's Birthplace,

Baltimore

8. Full Name of Father.

Samuel Deal

9. Father's Occupation,

Ball-Md

10. Father's Birthplace,

Wilmer Brinley

Name of Medical Attendant, or other Person who makes this Return.

Address,

Chas St. + Fremont Place

Remarks,



to its attendance upon the mother, and to its attendance upon the child, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 85644

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1178

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) Colored

3. Date of Birth, 20 September 1881

4. Place of Birth, (Street and Number) 118 York Street

5. Full Name of Mother, Fannie T. ...

6. Mother's Maiden Name, Baltimore and

7. Mother's Birthplace, Emick White

8. Full Name of Father, Labor

9. Father's Occupation, Candler's Laundry and

10. Father's Birthplace, Mary Mahle

Name of Medical Attendant, or other Person who makes this Return. 142 York Street

Address, Remarks,

In filling up this return, the mother, nurse, doctor, or other person who makes this return, shall be held responsible for the correctness of the information furnished, and any such person who shall be found guilty of furnishing false information, shall be liable to a fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

Over
RETURN OF A BIRTH 88645

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fifth
1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Apr: 9th 1886
4. Place of Birth, (Street and Number) No. 46 Cathedral Street
5. Full Name of Mother, Elizabeth Anstey Munkland
6. Mother's Maiden Name, Elizabeth Anstey
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Wm. U. Munkland
9. Father's Occupation, Minister of the Gospel
10. Father's Birthplace, Brunswick
- Name of Medical Attendant, or other Person who makes this Return H. P. C. Wilson
- Address, 814 Park Avenue
- Remarks, Full name of child - Sidney Wallace Munkland
- RECEIVED
HEALTH DEPARTMENT
NOV 17 1886
BALTIMORE MD.

RETURN OF A BIRTH

88646

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.)

2nd

1. Sex. (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Sept 9th 86

4. Place of Birth, (Street and Number)

172 Battery Ave

5. Full Name of Mother,

O'ellman

6. Mother's Maiden Name,

Day

7. Mother's Birthplace,

Virginia

8. Full Name of Father,

Mr O'ellman

9. Father's Occupation,

Howard County

10. Father's Birthplace,

Howard County

Name of Medical Attendant, or other Person who makes this Return,

B. E. Phillips

Address,

321 N Lombard St

Remarks,

Birth of any child shall be reported to the Registrar of Vital Statistics, Board of Health, Baltimore City, within ten days of the birth of the child, and any person who fails to do so shall be liable to a fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 88647

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,



See the attendance upon the mother, immediately after birth, in the manner and within the period above required, and any such person who neglects to do so, or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 88648

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *First*

1. Sex, (state whether male or female) *Female*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *Sept 9th 1886*

4. Place of Birth, (Street and Number) *349 Mulberry St*

5. Full Name of Mother, *Mary E. Starlings*

6. Mother's Maiden Name, *" " Jones*

7. Mother's Birthplace, *Maryland*

8. Full Name of Father, *W. E. Starlings*

9. Father's Occupation, *Clerk*

10. Father's Birthplace, *Maryland*

Name of Medical Attendant, or other Person who makes this return

Address,

Remarks,

Same of Dr. J. D. D.
134 N. E. St



In attendance upon the mother, immediately thereafter, it shall become the duty of the person or persons who shall attend the birth, to fill up this return, and to sign the same, and to forward it to the Office of Registrar of Vital Statistics, Board of Health, Baltimore City, within the time specified, and any such person or persons who shall neglect or fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

be in attendance upon the mother, immediately after delivery, and report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

88649

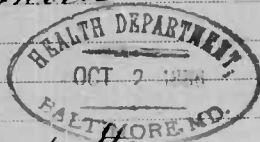
To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9
1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Jewish
3. Date of Birth, Sept 10 1886
4. Place of Birth, (Street and Number) W. Caroline St 22
5. Full Name of Mother, Henrietta Jones
6. Mother's Maiden Name, " Fuld
7. Mother's Birthplace, Balt Md
8. Full Name of Father, Abraham Jones
9. Father's Occupation, Clerk
10. Father's Birthplace, Poland
- Name of Medical Attendant, or other Person who makes this Return. Mrs R. Ulling
- Address, 1302 Holland St
- Remarks,

RETURN OF A BIRTH 88650

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Third*
1. Sex, (state whether male or female) *Male*
2. Race or Color, (if not of the white race)
3. Date of Birth, *September 10th*
4. Place of Birth, (Street and Number) *250 S. Sharp St*
5. Full Name of Mother, *Pauline Worch*
6. Mother's Maiden Name, *Pauline Thurn*
7. Mother's Birthplace, *Baltimore Md.*
8. Full Name of Father, *Adam Worch*
9. Father's Occupation, *Printer*
10. Father's Birthplace, *Baltimore Md.*
- Name of Medical Attendant, or other Person who makes this return. *Mrs. Münch.*
- Address, *No. 1 Ladderhall St.*
- Remarks,



Report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 88651

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

112

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

10 Sep

4. Place of Birth, (Street and Number)

Chase St near Harford Road

5. Full Name of Mother,

Mary Hoffman

6. Mother's Maiden Name,

Mc Buck

7. Mother's Birthplace,

Balto

8. Full Name of Father,

John Hoffman

9. Father's Occupation,

Stone Keeper

10. Father's Birthplace,

Balto

Name of Medical Attendant, or other Person who makes this Return.

Mrs Julia Gentry

Address,

466 N Gay St

Remarks,



RETURN OF A BIRTH

88652

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

1. Child of Mother, (state whether 1st, 2d, 3d, &c.) *First*
2. Sex, (state whether male or female) *Female*
3. Race or Color, (if not of the white race) *White*
4. Date of Birth, *Sept 10 1886*
5. Place of Birth, (Street and Number) *88 Mc Eldroy St*
6. Full Name of Mother, *Hellen L E Fowler*
7. Mother's Maiden Name, *Premont*
8. Mother's Birthplace, *Baltimore*
9. Full Name of Father, *William Henry Fowler*
10. Father's Occupation, *Virginia's Minister*
11. Father's Birthplace, *Virginia*
12. Name of Medical Attendant, *E. C. Baldwin*
or other Person who makes this Return.
13. Address, *304 N Exeter St*
14. Remarks,



RETURN OF A BIRTH 88653

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *3*

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

3. Date of Birth,

Sept 10 - 1886

4. Place of Birth, (Street and Number)

27 North Central Ave.

5. Full Name of Mother,

Anni Patchki

6. Mother's Maiden Name,

Schomberg

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Charles Patchki

9. Father's Occupation,

Clothing Cutter

10. Father's Birthplace,

Baltimore

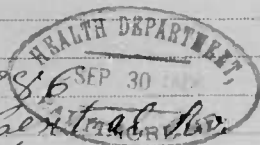
Name of Medical Attendant, or other Person who makes this Return.

Mary Stein

Address,

1427 E Pratt St.

Remarks,



Report its birth to the Commissioner of Health, in the manner and within the period here required, and pay such fee as may be prescribed by the Board of Health, or person to whom the same may be paid, with the particulars of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 98652

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, 10 Sep 1886

4. Place of Birth, (Street and Number) 123 Bolden St

5. Full Name of Mother, Annie Brinck

6. Mother's Maiden Name, Annie Brinck

7. Mother's Birthplace, Germany

8. Full Name of Father, John Brinck

9. Father's Occupation, Tailor

10. Father's Birthplace, Bohemia

Name of Medical Attendant, or other Person who makes this Return, Mary K. Kist

Address, 211 Washington St

Remarks,



report its birth to the Commissioner of Health in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered in other fines and forfeitures are recoverable.

report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person for per neglect shall hereafter fall to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

886551

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, 10 Sep 1886

4. Place of Birth, (Street and Number) 154 Regester st

5. Full Name of Mother, Anna Trump

6. Mother's Maiden Name, Annie Mickey

7. Mother's Birthplace, Germany

8. Full Name of Father, John Trump

9. Father's Occupation, Tailor

10. Father's Birthplace, Bohemia

Name of Medical Attendant, or other Person who makes this Return, Myself

Address, 611 Washington

Remarks,



RETURN OF A BIRTH 88656

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, 16 Sep 1900

4. Place of Birth, (Street and Number) Meyer St

5. Full Name of Mother, Clara M. derlich

6. Mother's Maiden Name, Elvira Sachs

7. Mother's Birthplace, Germany

8. Full Name of Father, Conrad M. derlich

9. Father's Occupation, Bakery

10. Father's Birthplace, Ger

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,



Report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

58657

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Fourth

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

10 Sept. 1880

4. Place of Birth, (Street and Number)

4 Hollinshead

5. Full Name of Mother,

Annie C. Stump

6. Mother's Maiden Name,

Horn

7. Mother's Birthplace,

Baltimore, Md.

8. Full Name of Father,

William Stump

9. Father's Occupation,

Beef Butcher

10. Father's Birthplace,

Europe

Name of Medical Attendant, or other Person who makes this Return

J. H. Hood

Address,

1403 W. Fayette

Remarks,

5565 ✓

revert its title to the Commissioner of Health, in the manner and within the period above required, and any such person who fails to do so shall be liable to a civil penalty of \$100 for each day of noncompliance. The civil penalty shall be paid by the person who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense, and such fines and forfeitures are recoverable.

Remarks.



RETURN OF A BIRTH 98687

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, 10 Sep 1887

4. Place of Birth, (Street and Number) 38 Biddle

5. Full Name of Mother, Annie Turk

6. Mother's Maiden Name, Annie Hinch

7. Mother's Birthplace, Bolivia

8. Full Name of Father, Joe Turk

9. Father's Occupation, Tailor

10. Father's Birthplace, Bolivia

Name of Medical Attendant, or other Person who makes this Return. Mary Kipton

Address, 29 N. Washington St

Remarks,



Report its birth to the Commissioner of Health in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered in other fines and forfeitures are recoverable.

RETURN OF A BIRTH 88660

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, 10 Sep. 1886

4. Place of Birth, (Street and Number) 21 N. Carroll St

5. Full Name of Mother, Mrs Annie Gannon

6. Mother's Maiden Name, Annie Hick

7. Mother's Birthplace, Germany

8. Full Name of Father, Mr. William Gannon

9. Father's Occupation, Factor

10. Father's Birthplace, Germany

Name of Medical Attendant, or other Person who makes this Return May 1st

Address, 690 N. Carroll St

Remarks,



Report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall heretofore comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 88661

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d

1. Sex, (state whether male or female) *males*

2. Race or Color, (if not of the white race) *white*

3. Date of Birth, *10 September*

4. Place of Birth, (Street and Number) *Baltimore Patterson Park No 24*

5. Full Name of Mother, *Pauline Lauter*

6. Mother's Maiden Name, *Pauline Freyer*

7. Mother's Birthplace, *Löwenstein, Württemberg, Germany*

8. Full Name of Father, *Franz Lauter*

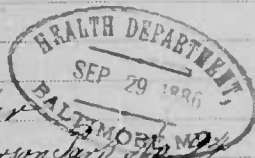
9. Father's Occupation, *Printer*

10. Father's Birthplace, *Erlingen, Württemberg, Germany*

Name of Medical Attendant, or other Person who makes this Return, *Mrs. Crane*

Address,

Remarks, *106 E Chester st near Belair avenue Baltimore Md*



be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall heretofore fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) white

3. Date of Birth, Sep 11 1886

4. Place of Birth, (Street and Number) No 2, Paterson Park rd

5. Full Name of Mother, Ana Cromber

6. Mother's Maiden Name, Walt

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Georg Cromber

9. Father's Occupation, Copper

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return Dr J Harington

Address, No 538 Canton ave

Remarks,



88663

A circular postmark from Baltimore, MD, dated May 11, 1901. The text "BALTIMORE, MD." is curved along the bottom, and "MAY 11 1901" is curved along the top. In the center, the word "BALTIMORE" is written vertically.



- Sept 15th / 86.
J. S. Gilmer St

35. *Gilmer St.*

- Mary E. Chaney

- Mary E. Price

- Bartholomew Co. Md.

- Charles B. Chaney

- Letter Caroler

- Baltimore City, Md

John L. Stager, M.D.

273. Lexington St.

any person upon the ground, immediately thereafter it shall become the duty of the person or persons at such point to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other dues and forfeitures are recoverable.

RETURN OF A BIRTH

88664

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st

1. ☒ (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Sept 10th 1886

4. Place of Birth, (Street and Number)

475 Grand St

5. Full Name of Mother,

Mary Milliken

6. Mother's Maiden Name,

White

7. Mother's Birthplace,

Balt

8. Full Name of Father,

Chas Milliken

9. Father's Occupation,

Cat Driver

10. Father's Birthplace,

Balt

☒ Signature of Medical Attendant, or other Person who makes this Return

Chas Hatter M.D.

Address,

562 Madison St

Remarks,

RETURN OF A BIRTH 88665

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) female

2. Race or Color, (if not of the white race) white

3. Date of Birth, Sept. 10th 1886

4. Place of Birth, (Street and Number) 27 Asquith

5. Full Name of Mother, Anna Denavit

6. Mother's Maiden Name,

7. Mother's Birthplace, Russia

8. Full Name of Father, Benjamin Denavit

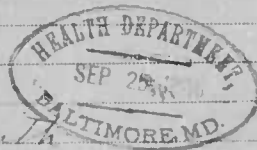
9. Father's Occupation, Laborer

10. Father's Birthplace, Russia

Name of Medical Attendant, or other Person who makes this Return, Wm. G. Bernstein

Address, 49 S. Center St.

Remarks,



report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 88666

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother. (state whether 1st, 2d, 3d, &c.)

Third

1. (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Sept 10 - 1886

4. Place of Birth, (Street and Number)

N. Wolfe St

5. Full Name of Mother,

Lena Schmitzer

6. Mother's Maiden Name,

Roser

7. Mother's Birthplace,

Germany

8. Full Name of Father,

Arthur August Schmitzer

9. Father's Occupation,

Jeweler

10. Father's Birthplace,

Germany

Name of Medical Attendant, or other Person who makes this Return

Geo F. Taylor, M.D.

Address,

234 or 728 N. Broadway

Remarks,

RETURN OF A BIRTH ⁸⁵⁶⁶⁷

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st Child,

1. Sex, (state whether male or female) Male,

2. Race or Color, (if not of the white race) _____

3. Date of Birth, Sept. 10th 1886,

4. Place of Birth, (Street and Number) 208 William St.

5. Full Name of Mother, Julia G. Lawton

6. Mother's Maiden Name, " " Shuckell,

7. Mother's Birthplace, Balto. City,

8. Full Name of Father, Robert F. Lawton,

9. Father's Occupation, Brickman.

10. Father's Birthplace, Balto. City,

Name of Medical Attendant, or other Person who makes this Return, R. J. H. Tall, M.D.,

Address, 152 Sharp St.,

Remarks, _____

Accurate as to the mother, immediately thereafter it shall become the duty of the person or persons of each child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any person or persons who shall hereafter fail to comply with the provisions of this section, shall be subject to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

CERTIFICATE CORRECTED 6/23/55 9

RETURN OF A BIRTH

88668

To the Office of Registrar of Births and Deaths, Board of Health,

BALTIMORE CITY

Name: Richard Elmer (Roberts) ROBERTS

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) male

2. Race or Color, (if not of the white race) White

3. Date of Birth, Sept 10th 1886

4. Place of Birth, (Street and Number) 112 S. Main

5. Full Name of Mother, Julia Roberts

6. Mother's Maiden Name, Hanna

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Charles E. Roberts

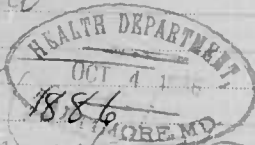
9. Father's Occupation, Bar Caravaning & B.T. Clerk

10. Father's Birthplace, Calvert County

Name of Medical Attendant, or other Person who makes this Return M. J. Leman

Address, 701 Light St

Remarks, One baby (not named)



RETURN OF A BIRTH

88669

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Third

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Sept 10th - 1881

4. Place of Birth, (Street and Number)

No. 83 - Hollins St -

5. Full Name of Mother,

Annie Blanche Young

6. Mother's Maiden Name,

" " Galvin

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Joseph Young

9. Father's Occupation,

Merchant

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who make this Return

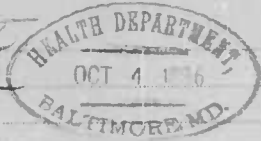
M. J. Simon

Address,

701 Light St

Remarks,

fine baby (George Washington)



RETURN OF A BIRTH 88670

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *First.*
1. Sex, (state whether male or female) *Male*
2. Race or Color, (if not of the white race) *White.*
3. Date of Birth, *Sept 10th 1890*
4. Place of Birth, (Street and Number) *Mt. Airy 1178 115 W. Lombard St.*
5. Full Name of Mother, *Sarah Steward.*
6. Mother's Maiden Name, *Do.*
7. Mother's Birthplace, *England.*
8. Full Name of Father, _____
9. Father's Occupation, _____
10. Father's Birthplace, _____
- Name of Medical Attendant, or other Person who makes this Return. *L. F. Ankrom M.D.*
- Address, *1178 115 W. Lombard St.*
- Remarks, _____



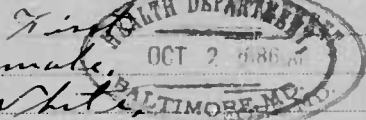
Birth of any child shall occur without the attendance of a Physician or Practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the parent or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall fail to comply with this provision shall be deemed to be guilty of an offense, and shall be liable to a fine of ten (10) dollars for each offense to be recovered.

RETURN OF A BIRTH

88671

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)



1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Aug. 10. 1886

4. Place of Birth, (Street and Number)

Maternity, 113 + 115 W. Lombard St

5. Full Name of Mother,

Lamit Johnson,

6. Mother's Maiden Name,

D.C.

7. Mother's Birthplace,

Virginia.

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

L. F. Quirk, M.D.

Address,

113 + 115 W. Lombard St.

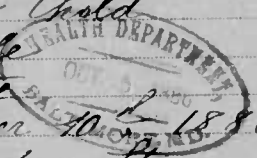
Remarks,

Birth of every child shall occur without the attendance of a Physician or practitioner of medicine, or midwife, or other person, and the person attending upon the mother, immediately thereafter, it shall become the duty of the person or persons of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall fail to comply with the provisions of this section, shall be subject to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH ⁸⁸⁶⁷²

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st Child*
1. Sex, (state whether male or female) *Male*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *September 10th 1886*
4. Place of Birth, (Street and Number) *14 Jasper St.*
5. Full Name of Mother, *Elisabeth Miller*
6. Mother's Maiden Name, *Miersch*
7. Mother's Birthplace, *Marburg Germany in N.*
8. Full Name of Father, *Frank Miller*
9. Father's Occupation, *Upholsterer*
10. Father's Birthplace, *Potsdam Germany*
- Name of Medical Attendant, or other Person who makes this Return, *Leeba*
- Address, *439 Pratt & Fremont Sts.*
- Remarks,



report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH ⁸⁸⁶⁷³

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) ^{4th}

1. Sex, (state whether male or female) *Female*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *sep 10th 1886*

4. Place of Birth, (Street and Number) *No 80 Gilmore*

5. Full Name of Mother, *Mary E Ryan*

6. Mother's Maiden Name, *" Webb*

7. Mother's Birthplace, *Ellicotts city*

8. Full Name of Father, *John Ryan*

9. Father's Occupation, *Salmon*

10. Father's Birthplace, *Baltimore City*

Name of Medical Attendant, *Mrs. Dunne*
or other Person who makes this Return.

Address, *No 827 N. Lombard st*

Remarks,

Report his birth to the Commissioner of Health, in the manner and within the period above required, and pay such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other laws and ordinances are recoverable.

RETURN OF A BIRTH

88674

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Sept 10/86

4. Place of Birth, (Street and Number)

7. Sackrath St

5. Full Name of Mother,

Jane A. Rily-

6. Mother's Maiden Name,

Miller

7. Mother's Birthplace,

Lib-

8. Full Name of Father,

Edward Rily-

9. Father's Occupation,

Machinist

10. Father's Birthplace,

Lib-

Name of Medical Attendant, or other Person who makes this Return.

Dr. O. S. Blocker

Address,

612 S. Sackrath St

Remarks,

Report the birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten dollars for each offense to be recovered as other fines and forfeitures are recoverable.

report its birth to the Commissioner of Health, in the manner and within the period above required. And any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

12-14-37
RETURN OF A BIRTH

88670

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Ellie May Hankins
No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second.

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race)
3. Date of Birth, 11th September 1886
4. Place of Birth, (Street and Number) Baltimore, Md. 10
5. Full Name of Mother, Fannie Hankins
6. Mother's Maiden Name, Fannie Marshall
7. Mother's Birthplace, Easton, Talbot Co., Maryland
8. Full Name of Father, William, Prager, Hankins
9. Father's Occupation, Shoe Leather
10. Father's Birthplace, Richmond, Va.

Name of Medical Attendant, or other Person who makes this Return.

Chas. Sange

Address,

406 Cross St

Remarks,



RETURN OF A BIRTH

18676

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

814-

1. ☒ (state whether male or female).

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Sept 11-1886-

4. Place of Birth, (Street and Number)

25 N Wolfe St-

5. Full Name of Mother,

Heidi Bennett-

6. Mother's Maiden Name,

" Marren

7. Mother's Birthplace,

Baltimore City-

8. Full Name of Father,

William Bennett-

9. Father's Occupation,

Carpenter

10. Father's Birthplace,

Baltimore City-

Name of Medical Attendant,

or other Person who makes this Return

G. F. Taylor, M.D.

Address,

284 or 728 N. Broadway

Remarks,

RETURN OF A BIRTH 88677

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2nd

1. Sex, (state whether male or female)

male

2. Race or Color, (if not of the white race)

Caucasian

3. Date of Birth,

September 11

4. Place of Birth, (Street and Number)

Stirling Street

5. Full Name of Mother,

Annie Sipp

6. Mother's Maiden Name,

Green

7. Mother's Birthplace,

Baltimore City

8. Full Name of Father,

Charles Sipp

9. Father's Occupation,

Master

10. Father's Birthplace,

Baltimore City

Name of Medical Attendant, or other Person who makes this return.

Edmund Johnson

Address,

94 S. Green

Remarks,



Report its birth to the Commissioner of Health, on the manner and within the period of time required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subject to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall thereafter fail to comply with the provisions of this section, shall be subjected to the fine of \$10 dollars for each offense to be recovered in other sums and penalties as are provided.

RETURN OF A BIRTH ⁸⁸⁶⁷⁸

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Fourth

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

11th September

4. Place of Birth, (Street and Number)

90 Shaper Street

5. Full Name of Mother,

Maggie Kessler

6. Mother's Maiden Name,

Maggie Cowalk

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

John Kessler

9. Father's Occupation,

Labourer

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return

Mr. Wiley

Address,

No. 30 Patterson Park Ave.

Remarks,



report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of \$10 (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 88679

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) The 6



1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race)

3. Date of Birth, September 11 1886

4. Place of Birth, (Street and Number) 61 Popple St

5. Full Name of Mother, Mary Blank

6. Mother's Maiden Name, Wadd

7. Mother's Birthplace, Calif

8. Full Name of Father, Richard Blank

9. Father's Occupation, Librarian

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return, Levy D. Dwyer

Address, 200 Bank

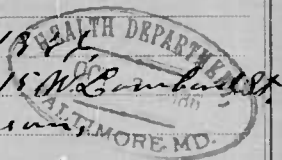
Remarks,

Birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall be the duty of the person or persons of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person who fails to do so shall be liable to a fine of not less than \$10 nor more than \$50, and for each offense to be committed as other laws and ordinances are enforceable.

RETURN OF A BIRTH 88680

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *First,*
1. Sex, (state whether male or female) *Male,*
2. Race or Color, (if not of the white race) *White,*
3. Date of Birth, *Sept. 11th 1888,*
4. Place of Birth, (Street and Number) *Maternity 113 & 115 N. Lombard St.*
5. Full Name of Mother, *Joseph Johnson,*
6. Mother's Maiden Name, *N.A.*
7. Mother's Birthplace, *Sweden*
8. Full Name of Father, *_____*
9. Father's Occupation, *_____*
10. Father's Birthplace, *_____*
- Name of Medical Attendant, or other Person who makes this Return, *C. F. Quirk, M.D.*
- Address, *113 & 115 N. Lombard St.*
- Remarks, *_____*



RETURN OF A BIRTH 88681

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, 1 Sep 1886

4. Place of Birth, (Street and Number) 57 Benjamin St

5. Full Name of Mother, Emma Griffin

6. Mother's Maiden Name, Emma Beckwith

7. Mother's Birthplace, Prussia Germany

8. Full Name of Father, Jim Griffin

9. Father's Occupation, Laborm

10. Father's Birthplace, Germany

Name of Medical Attendant, or other Person who makes this Return, May K. K. K.

Address, 691 N. 1st St. Baltimore

Remarks,



Birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person who fails to do so shall be liable to a fine of ten dollars, and for each offense to be thereafter committed, shall be liable to a fine of five dollars, and such fines and forfeitures are recoverable.

birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother. Immediately thereafter it shall become the duty of the person or persons of such class to report its birth to the Commissioner of Health, in the manner and within the period here required, and a certificate of such report or persons who shall thereafter fail to comply with the provisions of this act, shall be subject to the fine of ten (10) dollars for each offense in which they are convicted as either alone and fortuitous are recoverable.

RETURN OF A BIRTH

88682

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, 11 Sep 1886

4. Place of Birth, (Street and Number) 490 E. Baltimore St

5. Full Name of Mother, Francis Joseph

6. Mother's Maiden Name, Francis Wilkie

7. Mother's Birthplace, Bohemia

8. Full Name of Father, John Joseph

9. Father's Occupation, Shoemaker

10. Father's Birthplace, Bohemia

Name of Medical Attendant, or other Person who makes this Return, Mary Kottke

Address, 678 Madison St

Remarks,



Birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall be the duty of the person attending the birth of such child to report its birth to the Commissioner of Health, or with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each person who shall be guilty of an offense as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

81683

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Sixth

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

11th of September

4. Place of Birth, (Street and Number)

206 South Paca Street

5. Full Name of Mother,

Katie Christopher Howling

6. Mother's Maiden Name,

Katie C. Simonson

7. Mother's Birthplace,

Baltimore, Md

8. Full Name of Father,

Thomas James Howling

9. Father's Occupation,

Printer

10. Father's Birthplace,

Ireland

Name of Medical Attendant, or other Person who makes this Return

Mrs W. Mammell Midwife

Address,

No 10 Pearl St

Remarks,



RETURN OF A BIRTH

83684

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Second

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Sept 17

4. Place of Birth, (Street and Number)

379 Sanson St

5. Full Name of Mother,

Elizabeth Schausel

6. Mother's Maiden Name,

Elizabeth Hyde

7. Mother's Birthplace,

Balto Md

8. Full Name of Father,

Wm E Schausel

9. Father's Occupation,

Salesman

10. Father's Birthplace,

Balto Md

Name of Medical Attendant, or other Person who makes this return.

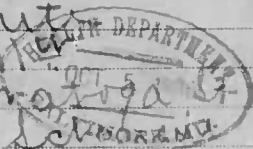
Mrs. L. M. M.

Address,

40 North Charles St

Remarks,

In case the birth of any child shall occur without the attendance of a Physician or practitioner of medicine, or should no other person be in attendance upon the mother, immediately thereafter it shall be the duty of the person or persons of such child to report its birth to the Commissioner of Health, in the manner as provided in the period above required, and any such person or persons failing to do so shall be liable to a fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.



RETURN OF A BIRTH

88685

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Second

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

September 11

4. Place of Birth, (Street and Number)

937 Barron St. Balt. Md.

5. Full Name of Mother,

Eliza J. Thomas

6. Mother's Maiden Name,

Mary J. Greaser

7. Mother's Birthplace,

Baltimore, Md.

8. Full Name of Father,

Justus Thomas

9. Father's Occupation,

Blacksmith

10. Father's Birthplace,

Baltimore, Md.

Name of Medical Attendant, or other Person who makes this Return.

Mrs. Sheebee

Address,

Remarks,

birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any neglect to do so, or persons who shall hereafter fail to comply with the provisions of this act, shall be deemed to be guilty of a misdemeanor, and shall be liable to a fine of not more than ten dollars for each offense.

RETURN OF A BIRTH

88686

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, Sept. 11th 1886

4. Place of Birth, (Street and Number) #30 Addison St.

5. Full Name of Mother, Mary Deville

6. Mother's Maiden Name, Ryan

7. Mother's Birthplace, Balto. Md.

8. Full Name of Father, Wm. Deville

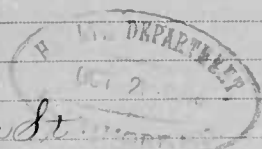
9. Father's Occupation, Blacksmith

10. Father's Birthplace, Balto. Md.

Name of Medical Attendant, or other Person who makes this Return, Mrs. Maria Kilgus

Address, #192 Monument St.

Remarks, 1038 (Per Number)



Birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall and within the time and place above required, and not later than report its birth to the Registrar of Vital Statistics, and shall comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 88687

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex, (state whether male or female)

~~Sept 11/86~~ Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Sept 11/86

4. Place of Birth, (Street and Number)

424 Hamburg St

5. Full Name of Mother,

Mary E Reinhardt

6. Mother's Maiden Name,

Hoffman

7. Mother's Birthplace,

City

8. Full Name of Father,

C Reinhardt

9. Father's Occupation,

Confinsion

10. Father's Birthplace,

City

Name of Medical Attendant, or other Person who makes this Return.

Dr. J. B. Blake, M.D.

Address,

Remarks,

Birth of any child shall occur without the attendance of a physician or practitioner of medicine, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any person who shall fail to comply with the provisions of this section, shall be liable to a fine of not more than \$100 dollars for each offense to be recovered in other fines and forfeitures are recoverable.

RETURN OF A BIRTH 88688

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

The 5 Child

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

11th of Sept. 1886

4. Place of Birth, (Street and Number)

No 167 Sterling St

5. Full Name of Mother,

Barbara Schuler

6. Mother's Maiden Name,

Barbara Michael

7. Mother's Birthplace,

Germany

8. Full Name of Father,

Peter Schuler

9. Father's Occupation,

Cabinet Maker

10. Father's Birthplace,

Germany

Name of Medical Attendant, or other Person who makes this Return.

Mrs Ch. Sauer

Address,

No 173 Maryland Ave

Remarks,

Bal. Md.

1886

Birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child to report its birth to the Commissioner of Health, in the manner and within the period prescribed, and any person who shall neglect to do so, shall be deemed to be guilty of a misdemeanor, and shall be liable to a fine of ten (10) dollars for each offense in so far as it is covered as other fine and forfeitures are recoverable.

RETURN OF A BIRTH

886 87

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

September 19/86

4. Place of Birth, (Street and Number)

Nº 8 Park St.

5. Full Name of Mother,

Mary Schildwachter

6. Mother's Maiden Name,

Miller

7. Mother's Birthplace,

Germany

8. Full Name of Father,

Konrad Schildwachter

9. Father's Occupation,

Butcher

10. Father's Birthplace,

Germany

Name of Medical Attendant, or other Person who makes this Return

Mrs. Louise Kraft

Address,

Nº 142 S. Washington St.

Remarks,

Birth of any child shall occur without the attendance of a Physician or practitioner of medicine, or should an other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall fail to comply with the provisions of this section, shall be liable to a fine of ten (10) dollars for each offense to be recovered as other fine and forfeitures are recoverable.

RETURN OF A BIRTH 88690

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,



September 17 1888
163 Eastern Ave

Lisbeth Frank
Keller

Germany
Hugo Frank
Bacher

Germany

Mrs. Louise Kraft
N^o 142 S Washington St.

Birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall fail to comply with the provisions of this section, shall be deemed to be guilty of a misdemeanor, and shall be liable to the fine of ten (10) dollars for each offense.

RETURN OF A BIRTH

88691

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

report its birth to the Commissioners of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2th

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Sept 12 1886

4. Place of Birth, (Street and Number)

35th St. - Baltimore, Md.

5. Full Name of Mother,

Lacie Smith

6. Mother's Maiden Name,

Engles

7. Mother's Birthplace,

Virginia

8. Full Name of Father,

Thomas Smith

9. Father's Occupation,

Cigar Maker

10. Father's Birthplace,

Balto

Name of Medical Attendant, or other Person who makes this Return.

Mrs A Mesenzel

Address,

128 Mosher St

Remarks,

RETURN OF A BIRTH

88692

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

Name of Child *George Elmer Schaeffer*

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. ☒ (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,

Record
Male
White
12 Sept. 1886
21 S. Calhoun

Minnie E. Schaeffer

Burrers

Baltimore

Geo. J. Schaeffer

Moulder

Belt

John Hood

1413 W. Fayette

RETURN OF A BIRTH 88693

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *first*

1. Sex, (state whether male or female) *male*

2. Race or Color, (if not of the white race) *white*

3. Date of Birth, *Oct 2 1886*

4. Place of Birth, (Street and Number) *230 Hamburg St*

5. Full Name of Mother, *Johanna Scheidt*

6. Mother's Maiden Name, *Johanna Becker*

7. Mother's Birthplace, *Baltimore Md*

8. Full Name of Father, *Henry Scheidt*

9. Father's Occupation, *Cigar Manufacturer*

10. Father's Birthplace, *Baltimore*

Name of Medical Attendant, or other Person who makes this Return *Mrs Münch*

Address, *101 Seaderhall St*

Remarks,

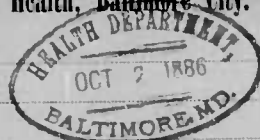


Report as made to the Registrar of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this Act, shall be subject to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

886911

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether ~~male~~ or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,

12 September 1886

130 Maryland St

Katey Gissel

Katey Hall

Baltimore Md

Mr Louis Gissel

Carpenter

Baltimore Md

Mr Munch

1 Leadenhall St

of person who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other laws and ordinances are recoverable.

RETURN OF A BIRTH 88695

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

3rd. Child

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Sept. 12th

4. Place of Birth, (Street and Number)

13 Campbell St.

5. Full Name of Mother,

Mora E. Baron

6. Mother's Maiden Name,

Mora E. Kline

7. Mother's Birthplace,

Kemper, Pa.

8. Full Name of Father,

Wm. Walter Baron

9. Father's Occupation,

Transfer.

10. Father's Birthplace,

Baltimore, Md.

Name of Medical Attendant, or other Person who makes this Return.

W. B. B. B.

Address,

426 E. 1st St.

Remarks,



Report to be filed by the Registrar of Births, in the manner and within the period above required, and say such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

over
88696

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Second

1. Sex, (state whether male or female) ERNEST A. TAYLOR Male

2. Race or Color, (if not of the white race)

3. Date of Birth,

Sep 12 - 86

4. Place of Birth, (Street and Number)

No. 326 N Broadway

5. Full Name of Mother,

Laura J Taylor

6. Mother's Maiden Name,

" " Biscoe

7. Mother's Birthplace,

Maryland

8. Full Name of Father,

Clifton A. Taylor

9. Father's Occupation,

Baltes

10. Father's Birthplace,

Bricklayer

Name of Medical Attendant, or other Person who makes this Return

Mary A Allwell

Address, 266 Mc Donagh St

Remarks,



report a birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other laws and ordinances are recoverable.

RETURN OF A BIRTH 88697

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race)

3. Date of Birth, Sep 12 - 1888

4. Place of Birth, (Street and Number) 12 S. Bond St.

5. Full Name of Mother, Mrs. Josephine Anderson

6. Mother's Maiden Name, Mary

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Thomas Anderson

9. Father's Occupation, Tinner

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return, Mary Stein

Address, 1427 E Pratt St.

Remarks,



Copyright 1888 by the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

88678

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

5th child

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Sept. 12/86

4. Place of Birth, (Street and Number)

258 Poughkeepsie St.

5. Full Name of Mother,

Ida Hunt

6. Mother's Maiden Name,

" Duff

7. Mother's Birthplace,

Cumberland Md.

8. Full Name of Father,

William Hunt

9. Father's Occupation,

Longboat Captain

10. Father's Birthplace,

Bald. City

Name of Medical Attendant, or other Person who makes this Return.

R. W. Mansfield M.D.

Address,

50 S Broadway

Remarks,



Report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,



Report to the Registrar of Births to the Registrar of Health, in the manner and within the period above required, and say such person or persons who shall interdicted to do so with the contents of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other laws and forfeitures are recoverable.

RETURN OF A BIRTH

1887 00

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th Child

1. Sex, (state whether male or female) Female.

2. Race or Color, (if not of the white race)

3. Date of Birth,

Sept. 12th 1886.

4. Place of Birth, (Street and Number)

3 Camden Lane

5. Full Name of Mother,

Louisa Kohler.

6. Mother's Maiden Name,

" Freire.

7. Mother's Birthplace,

Balto. City.

8. Full Name of Father,

Geo Kohler.

9. Father's Occupation,

Clerk.

10. Father's Birthplace,

Germany.

Name of Medical Attendant, or other Person who makes this Return,

R. J. H. Tall. M.D.

Address,

152 Sharp. St.

Remarks,



report the birth to the Commissioner of Health, in the manner and within the period above required, and any such person for failure to do so shall be liable to a fine of ten (10) dollars for each offense to be recovered as our fines and forfeitures are recoverable.

Report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

85701

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: *Edgar Livius Perkins*
No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Fourth*

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

September 12th

4. Place of Birth, (Street and Number)

917 Baire St.

5. Full Name of Mother,

Sarah L Perkins

6. Mother's Maiden Name,

Walner

7. Mother's Birthplace,

Union Town Carroll Co., Md.

8. Full Name of Father,

Livius L Perkins

9. Father's Occupation,

Car Builder

10. Father's Birthplace,

Bladen Co., N.C.

Name of Medical Attendant, or other Person who makes this Return.

Mrs. Seebach

Address,

439 West Pratt St

Remarks,



RETURN OF A BIRTH 88702

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9th

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

September 12th 1886

4. Place of Birth, (Street and Number)

Baltimore 137 Shickler

5. Full Name of Mother,

Annie M. Shickler South

6. Mother's Maiden Name,

A. M. Doherty

7. Mother's Birthplace,

Richmond, Virginia

8. Full Name of Father,

Daniel H. Shickler

9. Father's Occupation,

Grocery Store Keeper

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,

Report its return to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall be guilty of any violation of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other laws and ordinances are recoverable.

RETURN OF A BIRTH ⁸⁸⁸⁵³

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Third

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Sept. 21st 1886

4. Place of Birth, (Street and Number)

338 Pine Ave

5. Full Name of Mother,

Annie M. S. Starkey

6. Mother's Maiden Name,

Thompson

7. Mother's Birthplace,

Balto. City

8. Full Name of Father,

Chas. M. A. Starkey

9. Father's Occupation,

Clerk

10. Father's Birthplace,

Balto. City

Name of Medical Attendant, or other Person who makes this Return.

Dr. Christian M.D.

Address,

576 Madison Ave

Remarks,



Birth of any child shall occur without the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

Report the birth to the Commissioner of Health in the manner and within the period above specified, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine or fee (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

Over 88703

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Charles Joseph Strott
No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, Sept. 12 1896

4. Place of Birth, (Street and Number) 1626 Madison St.

5. Full Name of Mother, Mollie Strott

6. Mother's Maiden Name, Rountree

7. Mother's Birthplace, Balto. Md.

8. Full Name of Father, John Strott

9. Father's Occupation, Sign Roofs

10. Father's Birthplace, Balto. Md.

Name of Medical Attendant, or other Person who makes this Return, Mrs. Lena Helgenst

Address, 1826 Monument St.

Remarks, 1638 (New Number)

RETURN OF A BIRTH.

887011

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *4th child*
1. Sex (state whether male or female) *boy*
2. Race or Color (if not of the white race) *C. Colored.*
3. Date of Birth *12. of Sept.*
4. Place of Birth (Street and Number) *Parish Alley No. 9*
5. Full Name of Mother *Mrs Frank Christian*
6. Mother's Maiden Name *Ann Hatcher*
7. Mother's Birthplace *East Tolbart Co Md.*
8. Full Name of Father *Daniel Christian*
9. Father's Occupation *Steward on boat*
10. Father's Birthplace *Cape May*
- Name of Medical Attendant, or other Person who makes this Return. *Mrs Henry Hatcher call today*
- Address *Mrs H Hatcher Mrs Little George st*
- Remarks

RETURN OF A BIRTH

88705

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st.

1. Sex, (state whether male or female)

Female
White

2. Race or Color, (if not of the white race)

3. Date of Birth,

September 13th 1886

4. Place of Birth, (Street and Number)

No 218.4 Caroline St.

5. Full Name of Mother,

Thence Boss

6. Mother's Maiden Name,

Thence Fostered

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Henry Boss

9. Father's Occupation,

Builder

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return.

M. S. Butt.

Address, 185 S.E. cor Central av. & Monument St.

Remarks, All Well

Report to birth is the Commissioner of Health, and within the period above required, and any such person or persons who shall be guilty of any violation of the provisions of this section, shall be subject to the fine of ten (10) dollars for each offense to be recovered in civil fines and forfeitures are recoverable.

RETURN OF A BIRTH

88706

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Sept. 13th 1886

4. Place of Birth, (Street and Number)

No. 183 Stirling St.

5. Full Name of Mother,

Maria Schneller

6. Mother's Maiden Name,

Maria Frauder

7. Mother's Birthplace,

Germany

8. Full Name of Father,

Chas. Schneller

9. Father's Occupation,

Lock Smith

10. Father's Birthplace,

Germany.

Name of Medical Attendant, or other Person who makes this Return.

M. D. Butt.

Address, 185 S.E. cor. Central av. & Monument St.

Remarks, All Well

Print the birth in the (Comprehensive of Births in the Mother and within the party where required, and say such person or persons who shall be liable to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other laws and regulations are recoverable.

RETURN OF A BIRTH 88707

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st*

1. Sex, (state whether male or female) *male*

2. Race or Color, (if not of the white race) *Colored*

3. Date of Birth, *Sept 13th 1884*

4. Place of Birth, (Street and Number) *712 Prince Street*

5. Full Name of Mother, *Rachel Pearson*

6. Mother's Maiden Name, *Evans*

7. Mother's Birthplace, *Fall River, Mass.*

8. Full Name of Father, *George Pearson*

9. Father's Occupation, *Wagoner*

10. Father's Birthplace, *Haverhill, Mass.*

Name of Medical Attendant, or other Person who makes this Return, *Arthur K. Adams*

Address, *434 N. Monument St.*

Remarks,

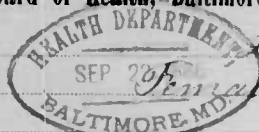
be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who fail to do so shall be liable to a fine of not more than \$10, and shall be subject to the fine of (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

88708

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)



1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

September 13th 1886

4. Place of Birth, (Street and Number)

319 Eastern Ave

5. Full Name of Mother,

Lina Dittmair

6. Mother's Maiden Name,

Schafferman

7. Mother's Birthplace,

Germany

8. Full Name of Father,

Henry Dittmair

9. Father's Occupation,

Stockkeeper

10. Father's Birthplace,

Germany

Name of Medical Attendant, or other Person who makes this Return.

Mrs. Louise Kraft

Address,

No 142 S. Washington St

Remarks,

Report its birth to the Registrar of Vital Statistics, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 88709

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

6



1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Sept-13th 1886

4. Place of Birth, (Street and Number)

N. Eden St 50

5. Full Name of Mother,

Maggie Winton

6. Mother's Maiden Name,

Fisher

7. Mother's Birthplace,

Ireland

8. Full Name of Father,

Patrick Winton

9. Father's Occupation,

Liquor dealer

10. Father's Birthplace,

Ireland

Name of Medical Attendant, or other Person who makes this Return.

Mrs R. W. W. W.

Address,

48 Halland St

Remarks,

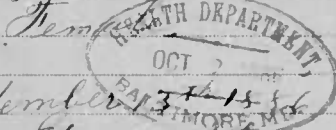
RETURN OF A BIRTH 88710

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

8 Child.

1. Sex, (state whether male or female)



2. Race or Color, (if not of the white race)

3. Date of Birth,

September 13th 1886

4. Place of Birth, (Street and Number)

1014 George St

5. Full Name of Mother,

Kate A. Hook.

6. Mother's Maiden Name,

" " Jones

7. Mother's Birthplace,

Piedmont

8. Full Name of Father,

Charles J. Hook

9. Father's Occupation,

Watchman

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return.

Annie Lindner

Address,

No 43 S. Monaca St.

Remarks,

or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

88711

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, Sept 13 1886

4. Place of Birth, (Street and Number) 221 East 22

5. Full Name of Mother, Harriett Ann Mason

6. Mother's Maiden Name, Crowley

7. Mother's Birthplace, Baltimore

8. Full Name of Father, John Walter Mason

9. Father's Occupation,

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return.

E. C. Baldwin

Address, 304 N. Euter St

Remarks,



RETURN OF A BIRTH 887/12

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Third

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

13 Sept 1886

4. Place of Birth, (Street and Number)

47 Elliott

5. Full Name of Mother,

Mary A. Philbin

6. Mother's Maiden Name,

Mary A. Gailley

7. Mother's Birthplace,

Philadelphia

8. Full Name of Father,

James Philbin

9. Father's Occupation,

Bridge Tender

10. Father's Birthplace,

Baltimore City

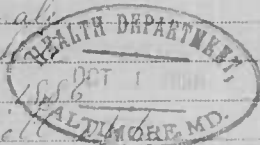
Name of Medical Attendant, or other Person who makes this Return.

Wm. Gallen Gallen

Address,

124 Carley Street Canton

Remarks,



or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 88713

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, 13 Sep 1886

4. Place of Birth, (Street and Number) 176 North Chappin St

5. Full Name of Mother, Mary Hannah

6. Mother's Maiden Name, Mary Kelly

7. Mother's Birthplace, Baltimore

8. Full Name of Father, George Hannah

9. Father's Occupation, Captain

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return, Mary Kelly

Address, 6911 Washington

Remarks,



or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH ⁸⁸⁷¹⁴

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) female

2. Race or Color, (if not of the white race)

3. Date of Birth, September 13th

4. Place of Birth, (Street and Number) 445 Washington

5. Full Name of Mother, Annice Remmiller

6. Mother's Maiden Name, Annice Schnepf

7. Mother's Birthplace, Brooklyn New York

8. Full Name of Father, George Remmiller

9. Father's Occupation, Cutter Tailor

10. Father's Birthplace, Baltimore Md

Name of Medical Attendant, or other Person who makes this Return, Mrs. Brune

Address, 406 Chester st near Belair on line Baltimore md

Remarks,



Report as birth to the Registrar of Vital Statistics, in the manner and within the time specified, shall be subject to the fine of ten (10) dollars or persons who shall thereafter fail to comply with the provisions of this section, shall be subject to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

report its tort to the Commissioner or loss on the estate, shall be subject to the fine of ten (10) dollars or persons who shall hereafter fail to comply with the provisions of this section, shall be subject to the fine of ten (10) dollars for each offense to be recovered as other laws and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Gen. 4. The female

.....

21.6.17

band

16 mil. of 10

Marie-Catherine

15. *Butyraceae* *Canace*

Oct 22, 1924

[illegible]

12 11 11 11 11 11

Mrs Burns.

Remarks,



RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

4th

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

white

3. Date of Birth,

Sept 14th 1885

4. Place of Birth, (Street and Number)

28 Pinkney Place

5. Full Name of Mother,

Lizzie Dean

6. Mother's Maiden Name,

Baer

7. Mother's Birthplace,

Washington

8. Full Name of Father,

Albert Dean

9. Father's Occupation,

Dairyman

10. Father's Birthplace,

Pennsylvania

Name of Medical Attendant, or other Person who makes this Return.

Mrs C Mesenzeh

Address,

123 Moser St

Remarks,

RETURN OF A BIRTH

83717

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

3

1. Sex, (state whether male or female).

Male

2. Race or Color, (if not of the white race).

3. Date of Birth,

September 14/86

4. Place of Birth, (Street and Number)

N^o 189 Carolinen St

5. Full Name of Mother,

Florence Schindler

6. Mother's Maiden Name,

Besser

7. Mother's Birthplace,

Germany

8. Full Name of Father,

Henry Schwarzbach

9. Father's Occupation,

Laborer

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return.

Mrs. Louise Kraft

Address,

N^o 1428 Washington St

Remarks,

or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 88718

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

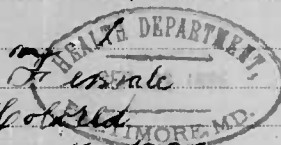
9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,



September 14 1884

No. 1. Madam Avenue

Mary Washington

Mary Station

Baltimore Md

Lee Thomas Washington

Labov

Foreign

Suean Morgan

No 47 N. Durham St

report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

81719

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

-
- A circular ink stamp from the Health Department of Baltimore, Maryland. The text "HEALTH DEPARTMENT" is curved along the top inner edge, and "BALTIMORE, MD." is curved along the bottom inner edge. In the center, the date "SEP 17 1886" is stamped horizontally. The stamp is slightly faded and has a textured, aged appearance.

report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

88720

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

3^d

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Sept. 14, 1886

4. Place of Birth, (Street and Number)

423 Lexington St.

5. Full Name of Mother,

Lizzie F. Barton

6. Mother's Maiden Name,

Allen

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

John Barron

9. Father's Occupation,

Salesman

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return.

Thomas O'Neil M.D.

Address,

179 N. Howard St.

Remarks,



RETURN OF A BIRTH 88721

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 11
1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Sept 14 1886
4. Place of Birth, (Street and Number) Concord St. No 20
5. Full Name of Mother, Otilia Hogan
6. Mother's Maiden Name, " Cook
7. Mother's Birthplace, Balto Md
8. Full Name of Father, Rodrick Hogan
9. Father's Occupation, Horse Shod
10. Father's Birthplace, Balto Md
- Name of Medical Attendant, or other Person who makes this Return, Mrs K. W. W. W.
- Address, 1302 Hall and St.
- Remarks,



RETURN OF A BIRTH 88722

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Second*
1. ☒ (state whether male or female) *Female*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *Sept. 14th 1886*
4. Place of Birth, (Street and Number) *636 1/2 Lombard St*
5. Full Name of Mother, *Clara de Stille Stamm*
6. Mother's Maiden Name, *" " Sullivan*
7. Mother's Birthplace, *Plain Point - Essex - Co.*
8. Full Name of Father, *Elmer Earl Stamm*
9. Father's Occupation, *Commission Merchant*
10. ☒ Father's Birthplace, *Baltimore*
- Name of Medical Attendant, or other Person who makes the Return *M. J. Lemann*
- Address, *(new number) 701 Light St*
- Remarks, *Strong child (none) Pearl colored*



RETURN OF A BIRTH 88723

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1 St.

1. Sex, (state whether male or female) _____

2. Race or Color, (if not of the white race) _____

3. Date of Birth, 14 September

4. Place of Birth, (Street and Number) No 8 Genetta

5. Full Name of Mother, Amelia Wittenman

6. Mother's Maiden Name, Miller

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Chas. Wittenman

9. Father's Occupation, Varnisher

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return, Mrs. Munch

Address, Seadenhall St. No 1

Remarks, _____



any person who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

88724

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.)

Seven

1. ☒ (state whether male or female)

Female

2. Race or Color, (if not of the white race)

Colored

3. Date of Birth,

Sept 14th 1896

4. Place of Birth, (Street and Number)

#206 Warner St Balto Md

5. Full Name of Mother,

Georganna Johnson

6. Mother's Maiden Name,

" " " Brown

7. Mother's Birthplace,

Kent-Island Md

8. Full Name of Father,

William Shadrach Johnson

9. Father's Occupation,

Grain-Measure

10. Father's Birthplace,

Kent-Island Md

☒ Name of Medical Attendant,

or other Person who makes this Return

Sarah F Brown

Address,

#47 China St Balto

Remarks.



RETURN OF A BIRTH

18935

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

First

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

14th September 1886

4. Place of Birth, (Street and Number)

No 32 St Peter St

5. Full Name of Mother,

Sophronia C. E. Bornemann

6. Mother's Maiden Name,

Sophronia C. E. Bradley

7. Mother's Birthplace,

Sharptown Wicomico County Md.

8. Full Name of Father,

Maximillion Bornemann.

9. Father's Occupation,

Window Glass Blower.

10. Father's Birthplace,

Saxony Germany.

Name of Medical Attendant, or other Person who makes this Return.

Wm Basgel

Address,

426 E 11th St

Remarks,



Persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of \$10 or \$20, or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of \$10 or \$20, or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of \$10 or \$20.

RETURN OF A BIRTH 88726

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *5*

1. Sex, (state whether male or female) *Female*

2. Race or Color, (if not of the white race)

3. Date of Birth, *Sep 14 - 1886*

4. Place of Birth, (Street and Number) *226 E. Lombert St*

5. Full Name of Mother, *Maria ~~John~~ Gerrity*

6. Mother's Maiden Name,

7. Mother's Birthplace, *Ireland*

8. Full Name of Father, *John Gerrity*

9. Father's Occupation, *Laborer*

10. Father's Birthplace, *Ireland*

Name of Medical Attendant, or other Person who makes this Return, *Mary Steina*

Address, *1427 E. Pratt St.*

Remarks,



Report of birth to the Commissioner of Health, in the manner and within the period above required, and any such person who fails to do so, shall be subject to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 88727

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, 17 Sept 1886

4. Place of Birth, (Street and Number) 130 Bond st

5. Full Name of Mother, Kate Peters

6. Mother's Maiden Name, Kate Farrell

7. Mother's Birthplace, Germany

8. Full Name of Father, Andrew Peter

9. Father's Occupation, Tailor

10. Father's Birthplace, Germany

Name of Medical Attendant, or other Person who makes this Return, Prof. L. J. H. H. H.

Address, 67 1/2 Washington st

Remarks,



Any of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the case of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offense, to be recovered as above these and penalties are recoverable.

RETURN OF A BIRTH ⁸⁸⁷²⁸

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.) 10th

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, Sept 14/1886

4. Place of Birth, (Street and Number) 182 Penna

5. Full Name of Mother, Emma Louise Jones

6. Mother's Maiden Name, Emma Louise Brown

7. Mother's Birthplace, Baile's Md

8. Full Name of Father, Hamilton Jones

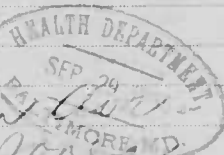
9. Father's Occupation, Painter

10. Father's Birthplace, Baile's Md

Name of Medical Attendant, or other Person who makes this Return L. V. Gordons

Address, 123 Penna

Remarks, (None)



Register, see page 10, for the complete instructions in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of five (5) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 88729

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Sept 14th, 1886

4. Place of Birth, (Street and Number)

362 1/2 Light St

5. Full Name of Mother,

Theresa Slagle

6. Mother's Maiden Name,

Hagner

7. Mother's Birthplace,

Ind.

8. Full Name of Father,

Henry J. Slagle

9. Father's Occupation,

Cigar maker

10. Father's Birthplace,

Ind.

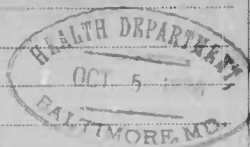
Name of Medical Attendant, or other Person who makes this Return.

Robert S. Rowe, M.D.

Address,

1019 Light St. (Bldg No 333)

Remarks.



RETURN OF A BIRTH 85730

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd
1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) _____
3. Date of Birth, 14th Sept. 1886
4. Place of Birth, (Street and Number) 59 1/2 York St.
5. Full Name of Mother, Sophie Costlander
6. Mother's Maiden Name, " Newman
7. Mother's Birthplace, Ball
8. Full Name of Father, Chas. G. Costlander
9. Father's Occupation, Mariner
10. Father's Birthplace, Ball
- Name of Medical Attendant, or other Person who makes this Return, H. W. Webb, M.D.
- Address, 101 Banner
- Remarks, _____



be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 88731

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *second child*

1. Sex, (state whether male or female) *female*

2. Race or Color, (if not of the white race) *Colored*

3. Date of Birth *14th Sept 1880*

4. Place of Birth, (Street and Number) *13 White St*

5. Full Name of Mother, *Susan Frankling*

6. Mother's Maiden Name, *Susan Glover*

7. Mother's Birthplace, *Eastern Shore*

8. Full Name of Father, *Amberly Frankling*

9. Father's Occupation, *fireman & wagoner*

10. Father's Birthplace, *Eastern Shore*

Name of Medical Attendant, or other Person who makes this Return. *Mary C Jones*

Address, *1121 Garatugas St*

Remarks,



For attendance upon the mother, immediately thereafter, if such attendance is required, and any such person report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH ⁸⁸⁷³²

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

First



1. Sex, (state whether male or female)

Girl

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Born 15th of September 1886

4. Place of Birth, (Street and Number)

No 60 Pagawon city

5. Full Name of Mother,

Mrs. Hoffman

6. Mother's Maiden Name,

Mrs. Caroline Ritterhafer

7. Mother's Birthplace,

Born Baltimore

8. Full Name of Father,

Mr Daniel Hoffman

9. Father's Occupation,

Carpenter

10. Father's Birthplace,

Born Baltimore

Name of Medical Attendant, or other Person who makes this Return.

Mrs Miller

Address,

1017 west Pratt st

Remarks,

report its birth to the Commissioner of Health, in the manner and within the period above required, and pay such person or persons who shall hereafter be appointed, for each return, a fee of ten (10) dollars, to be paid in advance, and at this time, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

887.38

88-33

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

female

2. Race or Color, (if not of the white race)

3. Date of Birth,

September 15th

4. Place of Birth, (Street and Number)

222 Montgomery St

5. Full Name of Mother,

Mary J. J. Jones

6. Mother's Maiden Name,

Mary J. J. Jones

7. Mother's Birthplace,

Baltimore Md

8. Full Name of Father,

John J. Jones

9. Father's Occupation,

Druggist

10. Father's Birthplace,

Baltimore Md

Name of Medical Attendant, or other Person who makes this Return

Charles J. Jones

Address,

61 Plum Alley

Remarks,

Stillborn

RETURN OF A BIRTH 88734

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *The 3 child*

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race)

3. Date of Birth, *September 11 1886*

4. Place of Birth, (Street and Number) *49 3 block street*

5. Full Name of Mother, *Maggie Steward*

6. Mother's Maiden Name, *" " Doll*

7. Mother's Birthplace, *Baltimore City*

8. Full Name of Father, *George Steward*

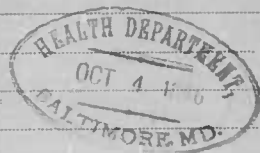
9. Father's Occupation, *Laborer*

10. Father's Birthplace, *Laborer Baltimore City*

Name of Medical Attendant, *Lizzie Bely*
or other Person who makes this Return.

Address, *100 Bank st*

Remarks,



report the birth to the Commissioner of the City, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subject to a fine of ten (10) dollars for each offense to be recovered as other laws and ordinances are recoverable.

report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

887.35

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) the first

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race)

3. Date of Birth, September 15 1886

4. Place of Birth, (Street and Number) 169 Eastman St.

5. Full Name of Mother, Mary Stockman

6. Mother's Maiden Name, Wol

7. Mother's Birthplace, W. Va.

8. Full Name of Father, William Stockman

9. Father's Occupation, Laborer

10. Father's Birthplace, Pa. City

Name of Medical Attendant, or other Person who makes this Return, Dr. J. G. [unclear]

Address, 140 Bond St.

Remarks,



Report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 88436

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second
1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Sept. 15th 1888
4. Place of Birth, (Street and Number) Maternity, 113 & 115 W. Lombard St.
5. Full Name of Mother, Annal Schneider
6. Mother's Maiden Name, D. A.
7. Mother's Birthplace, Maryland
8. Full Name of Father, _____
9. Father's Occupation, _____
10. Father's Birthplace, _____
- Name of Medical Attendant, or other Person who makes this Return D. F. Orr Price M.D.
- Address, 113 & 115 West Lombard St.
- Remarks, _____

HEALTH
OCT
BALTIMORE

report its birth in the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this act, shall be subjected to the fine of \$10.00 dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 88737

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,



304
Sept 15 1886
147 St. Andrew
Amanda Stearns
Amanda Hubbard
Baltimore
Warren Stearns
Collector
Md
H B Noble M.D.
52 W. Main St

RETURN OF A BIRTH 88738

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

3. Date of Birth,

sep 15 - 1886

4. Place of Birth, (Street and Number)

1139 Grand St.

5. Full Name of Mother,

Catherine Burriar

6. Mother's Maiden Name,

Hasberger

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Joseph Burriar

9. Father's Occupation,

Blaster

10. Father's Birthplace,

Baltimore

1. Name of Medical Attendant, or other Person who makes this Return.

Mary Stein

Address,

1427 E Pratt St.

Remarks,



report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

88737

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) /

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, 15 Sep 1884

4. Place of Birth, (Street and Number) 511 Washington St

5. Full Name of Mother, Maggie Frank

6. Mother's Maiden Name, Maggie Lyford

7. Mother's Birthplace, Germany

8. Full Name of Father, Joe Frank

9. Father's Occupation, Laborer

10. Father's Birthplace, Germany

Name of Medical Attendant, or other Person who makes this Return.

May 1st 1884

Address, 511 Washington St

Remarks,



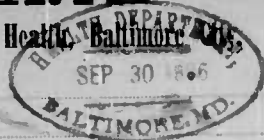
Report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who fail to do so, or who fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

report its birth to the Commissioner of Health in the manner and within the period above required, and any such person or persons who fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

88720

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, Sept 15 1896

4. Place of Birth, (Street and Number) 227 Trumbull St

5. Full Name of Mother, Corine Hook

6. Mother's Maiden Name, Corine Hook

7. Mother's Birthplace, Germany

8. Full Name of Father, Joseph Daneto

9. Father's Occupation, Paper Keeper

10. Father's Birthplace, Germany

Name of Medical Attendant, or other Person who makes this Return

Mary Kopsch

Address, 67 N. Washington St

Remarks,

Missing 88741

RETURN OF A BIRTH ⁸⁸⁷⁴²

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female) *female*

2. Race or Color, (if not of the white race) *Colored*

3. Date of Birth, *Nov 15*

4. Place of Birth, (Street and Number) *Dallas 139 St*

5. Full Name of Mother, *Lizzy Bradford*

6. Mother's Maiden Name, *Lizzy Bradford*

7. Mother's Birthplace, *Baltimore*

8. Full Name of Father, *George Bradford*

9. Father's Occupation, *Hammer*

10. Father's Birthplace, *Baltimore*

Name of Medical Attendant, or other Person who makes this Return, *Dr. H. H. H. H.*

Address, *305 East Pratt St.*

Remarks, *"*



Birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall fail to comply with the provisions of this section, shall be liable to the fine of ten (10) dollars for each offence to be recovered as other laws and ordinances are recoverable.

RETURN OF A BIRTH

88743

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

94.

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth.

Wednesday Sept 23 1888

4. Place of Birth, (Street and Number)

206 Augusta Ave.

5. Full Name of Mother.

Astoria B. Maxwell

6. Mother's Maiden Name.

Astoria B. Boone

7. Mother's Birthplace.

Balt. Md.

8. Full Name of Father.

John H. Maxwell

9. Father's Occupation.

Carpenter & Builder

10. Father's Birthplace.

Balt. Co. Md.

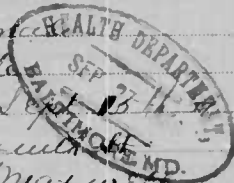
Name of Medical Attendant, or other Person who makes this Return

Wilmer Brinton M.D.

Address,

Charl St & Finner Place

Remarks,



Birth of any child shall be reported to the Registrar of Vital Statistics, Baltimore City, by the mother, immediately thereafter, and within the period above required, and any such person who fails to do so, or who reports a birth to the Registrar of Vital Statistics, Baltimore City, in violation of the provisions of this section, shall be subjected to the fine of ten (10) dollars for each child so born, and as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

987111

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

F

2. Race or Color, (if not of the white race)

W

3. Date of Birth

Sept 15 1884

4. Place of Birth, (Street and Number)

222 E. Carroll

5. Full Name of Mother,

Mary L Childs

6. Mother's Maiden Name,

Mary E. Kent

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

W. L. Childs

9. Father's Occupation,

Mechanic

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return.

C. H. Hiltner M.D.

Address,

19 Franklin

Remarks,



birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should so occur, the person or persons attending the birth of the child shall be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons attending the birth of the child to report its birth to the Commissioner of Health, in the manner and form provided by law, and any person or persons who fail to do so shall be liable to a fine of ten dollars for each offense to be recovered.

RETURN OF A BIRTH

837145

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *3rd*

1. Sex, (state whether male or female) *Female*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *Sept. 16th 1886*

4. Place of Birth, (Street and Number) *#299 E. Eager St*

5. Full Name of Mother, *Kate Lauenholz*

6. Mother's Maiden Name, *Parr*

7. Mother's Birthplace, *Balto Md.*

8. Full Name of Father, *John Lauenholz*

9. Father's Occupation, *Carver*

10. Father's Birthplace, *Balto Md.*

Name of Medical Attendant, or other Person who makes this Return, *Mrs. Anna Hillegast*

Address, *#216 Monument St*

Remarks, *1038 (New Number)*



Birth of any child shall occur within the limits of the city of Baltimore, and the mother, immediately thereafter, shall become the duty of the person or persons of such child to report its birth to the Commissioner of the Department of Health, and to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 88746

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *3rd*

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Sept 15/86

4. Place of Birth, (Street and Number)

435 Lenox St

5. Full Name of Mother,

Eliza Gallion

6. Mother's Maiden Name,

Grish

7. Mother's Birthplace,

Calif

8. Full Name of Father,

Wm E Gallion

9. Father's Occupation,

Collar Maker

10. Father's Birthplace,

Pa

Name of Medical Attendant, or other Person who makes this Return.

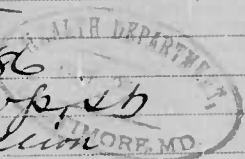
Dr J B Black MD

Address,

Cor 2 Stacoy St

Remarks,

Birth of any child shall occur without the attendance of a Physician or practitioner of medicine, the mother shall be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall be negligent in failing to comply with the provisions of this section, shall be subject to the fine of ten dollars for each offense to be levied as other laws and ordinances are recoverable.



Cent. corrected 12-12-56

RETURN OF A BIRTH 88747

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

John Henry Smith
No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)
2. Race or Color, (if not of the white race)
3. Date of Birth,
4. Place of Birth, (Street and Number)
5. Full Name of Mother,
6. Mother's Maiden Name,
7. Mother's Birthplace,
8. Full Name of Father,
9. Father's Occupation,
10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,

8

Sept. 16/56
No 138 S. Wolf St.
Augusta Thiel
Thiel
Germany
Frank L. Smith
Laborer
Germany

Mrs. Louise Kraft
No 142 S. Washington St.

Birth of any child shall occur without the attendance of a Physician or practitioner of medicine, or of any other person, who shall be in attendance upon the mother, immediately thereafter it shall become the duty of the parent or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall thereafter fail to comply with the provisions of this section, shall be subject to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

birth of any child shall occur without the attendance of a physician or midwife, and the parent or parents of such child to be in attendance upon the mother, immediately thereafter it shall become the duty of the parent or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any parent or person who shall knowingly fail to comply with the provisions of this act, shall be liable to a fine of not more than \$100 for each offense to be recovered by the Commissioner of Health.

RETURN OF A BIRTH

GIVEN NAME ADDED 1-14-57

88748

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Lda. May Neal
No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2nd*

1. Sex, (state whether male or female)

male

2. Race or Color, (if not of the white race)

Caucasian

3. Date of Birth,

1886 - 16 September

4. Place of Birth, (Street and Number)

Price Street 24

5. Full Name of Mother,

Jane Neal

6. Mother's Maiden Name,

Ellen Harris

7. Mother's Birthplace,

Baltimore City

8. Full Name of Father,

Thomas Neal

9. Father's Occupation,

Coachman

10. Father's Birthplace,

Baltimore City

Name of Medical Attendant, or other Person who makes this Return

Dr. J. H. Johnson

Address,

94 T. J. Street

Remarks,



RETURN OF A BIRTH ⁸⁸⁷⁴⁹

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8 child

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, September 1 1886

4. Place of Birth, (Street and Number) 123 Stanton St. Baltimore, Md.

5. Full Name of Mother, Margaret Bulghore, Md.

6. Mother's Maiden Name, Margaret

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Jim Kuezer

9. Father's Occupation, Labrer Baltimore

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return, Mr. Wiley

Address, No. 30 Patterson Park Ave.

Remarks,

birth of any child shall occur without the attendance of a physician or nurse, and the person or persons who shall be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons who shall report its birth to the Commissioner of Health, in the manner and within the period prescribed by law, to file a return of such birth with the Registrar of Vital Statistics, and if any person or persons who shall intentionally fail to comply with the provisions of this act, or who shall furnish false or incorrect information, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other laws and ordinances are recoverable.

18750

[illegible]

3 Rachel

Fernando

White

16, Sep, 1886

(continued)

Aussie Alderman

Annie Pecovsky

Рис.

Punya Middleton

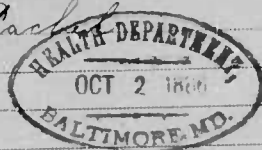
Presser

Russica

E. Scherman

Albmarle st N 103.

Remarks,



RETURN OF A BIRTH ⁸⁸⁷⁵¹

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d,

1. Sex, (state whether male or female) male

2. Race or Color, (if not of the white race) white

3. Date of Birth, 16. September

4. Place of Birth, (Street and Number) 191 Burgundy City

5. Full Name of Mother, Anna Franziska Kluge

6. Mother's Maiden Name, Scheubert

7. Mother's Birthplace, Freiberg Königs. Sachsen Germany

8. Full Name of Father, Hermann Eduard Kluge

9. Father's Occupation, Tailor

10. Father's Birthplace, Glauchau Königs. Sachsen Germany

Name of Medical Attendant, or other Person who makes this Return. 426 St. 191

Address, 426 St. 191

Remarks,



Birth of any child shall occur without its registration, and the parent or parents of such child to be liable to a fine of ten dollars for each child so born, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered.

88752

Birth of any child shall occur without the attendance of a physician or midwife or of one or more of them, or without the attendance upon the mother immediately thereafter it shall become the duty of the person or persons of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall thereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense and be liable to be ordered as otherwise and forfeitures are recoverable.

2

Richard

White

16 Sep 1946

503 Page

May 1905

Kamp Greenwood

B. H. H. H.

100 P. 11. 12. 13. 14. 15. 16. 17. 18. 19. 20. 21. 22. 23. 24. 25. 26. 27. 28. 29. 30. 31. 32. 33. 34. 35. 36. 37. 38. 39. 40. 41. 42. 43. 44. 45. 46. 47. 48. 49. 50. 51. 52. 53. 54. 55. 56. 57. 58. 59. 60. 61. 62. 63. 64. 65. 66. 67. 68. 69. 70. 71. 72. 73. 74. 75. 76. 77. 78. 79. 80. 81. 82. 83. 84. 85. 86. 87. 88. 89. 90. 91. 92. 93. 94. 95. 96. 97. 98. 99. 100.

Major

[illegible]

Mary Gibson

62 N. Harrison St.

Remarks.



RETURN OF A BIRTH ⁸⁸⁷⁵³

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5 health good
1. Sex, (state whether male or female) girl
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, SEP 16 1886
4. Place of Birth, (Street and Number) No 22 Duke St BALTIMORE
5. Full Name of Mother, Georgeanna Johnson
6. Mother's Maiden Name, Georgeanna Smith
7. Mother's Birthplace, Saint Marys Co Md
8. Full Name of Father, James E Johnson
9. Father's Occupation, Genertak
10. Father's Birthplace, Baltimore city
- Name of Medical Attendant, or other Person who makes this Return, Mrs Jane Butler
- Address, No 9 Carlton St
- Remarks, the chld is in good health



Birth of any child shall occur without the attendance of a Physician or practitioner of medicine, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall neglect or fail to comply with the provisions of this section, shall be liable to the fine of ten (10) dollars for each offence to be recovered.

Birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should for other reason be in attendance upon the midwife, immediately thereafter it shall become the duty of the person or persons of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person who fails to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered in other laws and regulations are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st Child*

1. Sex, (state whether male or female)

Milton H. Armand

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Septbr. the 16, 1886

4. Place of Birth, (Street and Number)

S. Caroline St. No. 40

5. Full Name of Mother,

John Armand

6. Mother's Maiden Name,

John Hirschmann

7. Mother's Birthplace,

Danzig, Prussia, Germany

8. Full Name of Father,

Louis Armand

9. Father's Occupation,

Cigarren maker

10. Father's Birthplace,

Balt. City

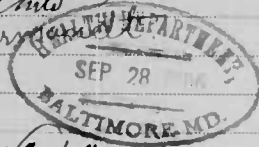
Name of Medical Attendant, or other Person who makes the Return

Harry E. Müller

Address,

A. Dallas St. No. 26

Remarks,



RETURN OF A BIRTH ⁸⁸⁷⁵⁵

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

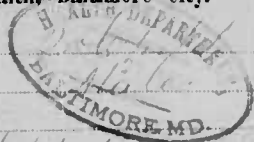
9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,



Sept 16
240 West
Minnie Jones
Baker.
American
James Jones
Laborer
American
Schwartz, Philip
334 Broadway

birth of any child shall occur without the attendance of a physician or practitioner of midwifery or assistant to either person in attendance upon the mother, immediately after the birth of the child, and the person so attending shall report the birth of such child to the Registrar of Vital Statistics, Baltimore City, within the period above required, and any such person who fails to do so shall be deemed to have violated the provisions of this section, and shall be subject to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

5
3rd

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

September

4. Place of Birth, (Street and Number)

No. 40 Madam's Alley

5. Full Name of Mother,

Harriet Ann Everts

6. Mother's Maiden Name,

7. Mother's Birthplace,

Harley Tolerable County

8. Full Name of Father,

father unknown

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this return.

Susan Morgan

Address,

No. 47 N. Lombard St

Remarks,



on persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 88757

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, September 17 1886

4. Place of Birth, (Street and Number) 10 8 N. Patterson, ROBERTS

5. Full Name of Mother, Mary Elizabeth James

6. Mother's Maiden Name, Rapp

7. Mother's Birthplace, Baltimore City

8. Full Name of Father, Samuel E. James

9. Father's Occupation, Police Officer

10. Father's Birthplace, Baltimore City

Name of Medical Attendant, or other Person who makes this Return, Susan Morgan

Address, 47 Lombard Street

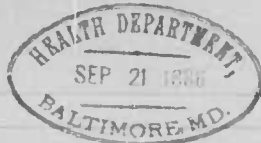
Remarks,

no persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

88758

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race)

3. Date of Birth

4. Place of Birth (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

Male
White
Sept 17
293 Marlborough Av

Ada Mamma
Sharpsburg
Jaco E Thomas
1 Builder

Hagerstown Md

Robt K Kears

534 W Gay St

RETURN OF A BIRTH 81759

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

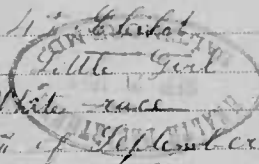
9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,



Born 17th of September

No. 4.83 McC. Henry st

Mary Schmitt

Mrs. Mary Jung

Born Baltimore

John Schmitt

Butcher

Born Baltimore

Mrs. Hiller

1017 West Pratt st

be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child to report the birth to the Office of Registrar of Vital Statistics, Baltimore City, within the period above required, and any such person or persons who fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other laws and forfeitures are recoverable.

RETURN OF A BIRTH 88760

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 13th
1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Sept 17
4. Place of Birth, (Street and Number) Towson St
5. Full Name of Mother, Wilmina Bame
6. Mother's Maiden Name, Wilmina Myler
7. Mother's Birthplace, Germany
8. Full Name of Father, Andrew Bame
9. Father's Occupation, Laborer
10. Father's Birthplace, Germany
- Name of Medical Attendant, or other Person who makes this Return, Mrs. C. H. C.
- Address, No 13 Cuba St
- Remarks,



For persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

within the period above named, except in the cases of stillbirths and deaths of illegitimate children, and
any persons who shall heretofore fall in compliance with the provisions of this section shall be subject
to a fine of ten dollars for each offense, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH ⁸⁸⁷⁶¹

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, Sept 23

4. Place of Birth, (Street and Number) Baltimore

5. Full Name of Mother, Ellen Jones

6. Mother's Maiden Name, Martha Jones

7. Mother's Birthplace, England

8. Full Name of Father, John Jones

9. Father's Occupation, Driver

10. Father's Birthplace, England

Name of Medical Attendant, or other Person who makes this Return Dr. Jones

Address, 1234 Broadway

Remarks,



RETURN OF A BIRTH 88762

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

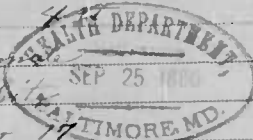
9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,



September 17

405 Eastern Avenue

Mary Bechtold

Mary Bendorf

Baltimore

John Bechtold

Laborer

Germany

Mr. Wiley

No. 36 Patterson Park Ave.

RETURN OF A BIRTH

88763

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Fifth Child*

1. Sex, (state whether male or female) *Female*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *September 17th 1886*

4. Place of Birth, (Street and Number) *No. 37 Port Ave*

5. Full Name of Mother, *Cathern Morkel*

6. Mother's Maiden Name, *Cathern Mefon*

7. Mother's Birthplace, *Baltimore*

8. Full Name of Father, *John Morkel*

9. Father's Occupation, *Laborer*

10. Father's Birthplace, *Baltimore*

Name of Medical Attendant, *Mr. Wiley*

Address, *No 20 Patterson St. Ave.*

Remarks,

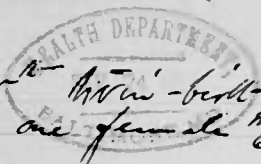


Persons who shall hereafter fail to comply with the provisions of this section, shall be subject to be fined in any (10) dollars or persons who shall hereafter fail to be recovered as other fines and forfeitures are recoverable for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

51764

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *4th + 5th living - birth*
 1. Sex (state whether Male or Female) *one male wt 6 $\frac{1}{2}$ lbs one female wt 6 $\frac{1}{2}$ lbs.*
 2. Race or Color (if not of the white race)
 3. Date of Birth *Sept. 17th 1886* male 10.55 Am. female 11.15 Am.
 4. Place of Birth (Street and Number) *206 W. Hoffman St.*
 5. Full Name of Mother *Clara M. Crane*
 6. Mother's Maiden Name *Mary Ann*
 7. Mother's Birthplace *Baltimore*
 8. Full Name of Father *Henry R. Crane*
 9. Father's Occupation *with Livering & Co.*
 Father's Birthplace *Richmond Va.*
 Name of Medical Attendant, or other Person who makes this Return. *N. G. Heisle M.D.*
 Address *248 N. Carey St. New No. 716*
 Remarks *male (breach) delivered with forceps
female (head) turned & delivered.*

of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

88760

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Sept 19th 1886

4. Place of Birth, (Street and Number)

No Patterson ave

5. Full Name of Mother,

Annie Sarton

6. Mother's Maiden Name,

Wright

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

James Sarton

9. Father's Occupation,

Plaster

10. Father's Birthplace,

Virginia

Name of Medical Attendant, or other Person who makes this Return

Mrs W Mesinger

Address,

123 Mosher St

Remarks,

Persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

88766

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Second

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White D. 3

3. Date of Birth,

17 Sept. 1886

4. Place of Birth, (Street and Number)

371 W. Lombard st.

5. Full Name of Mother,

Ellen H. Hinson

6. Mother's Maiden Name,

Strong

7. Mother's Birthplace,

Balt.

8. Full Name of Father,

Robert J. Hinson

9. Father's Occupation,

Ship-Carpenter

10. Father's Birthplace,

Calverton Co. Md.

Name of Medical Attendant, or other Person who makes this Return

John Howard

Address,

1403 W. Gayette st.

Remarks,

RETURN OF A BIRTH

88761

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, Sept. 17th 1886

4. Place of Birth, (Street and Number) Maternity 113 & 115 N. Lombard St.

5. Full Name of Mother, Annie Carr.

6. Mother's Maiden Name, -Do-

7. Mother's Birthplace, Maryland

8. Full Name of Father, _____

9. Father's Occupation, _____

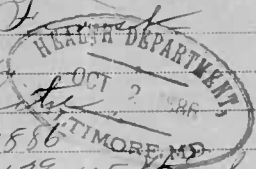
10. Father's Birthplace, _____

Name of Medical Attendant, or other Person who makes this Return W. T. Sprathue, M.D.

Address, 113 & 115 N. Lombard St.

Remarks, _____

or person who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.



RETURN OF A BIRTH 88768

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race)

3. Date of Birth, Sep 17/86

4. Place of Birth, (Street and Number) Balto 596 S. Green St.

5. Full Name of Mother, Maggie Malinda Shultz

6. Mother's Maiden Name, Cann

7. Mother's Birthplace, Balto

8. Full Name of Father, John Bernard Shultz

9. Father's Occupation, Engineer

10. Father's Birthplace, Howard Co

Name of Medical Attendant, or other Person who makes this Return, Miss Munch.

Address, 1 Linden Hall St.

Remarks,



Persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 88769

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2nd Child*

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *Septbr. 17 1884*

4. Place of Birth, (Street and Number) *N. Washington St. No. 114*

5. Full Name of Mother, *Ella Magersup*

6. Mother's Maiden Name, *Ella Heiser*

7. Mother's Birthplace, *Balt^{ic} City*

8. Full Name of Father, *Friedrich Magersupp*

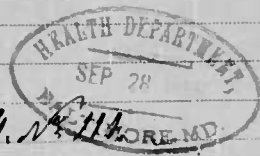
9. Father's Occupation, *Harnessmaker*

10. Father's Birthplace, *Balt^{ic} City*

Name of Medical Attendant, or other Person who makes this Return *Harry E. Muller*

Address, *N. Dallas St. No. 26*

Remarks,



or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 88770

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

of the parents, and the maiden name of the mother of such child or children

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st

1. Sex (state whether Male or Female) Female

2. Race or Color (if not of the white race) White

3. Date of Birth 17. September

4. Place of Birth (Street and Number) 67. N. Lombard

5. Full Name of Mother Elizabeth Muelotman

6. Mother's Maiden Name " Birx

7. Mother's Birthplace Baltimore

8. Full Name of Father John H. Muelotman

9. Father's Occupation Porter

10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. J. J. Prof. M.D.

Address 137 Orleans St

Remarks



RETURN OF A BIRTH 58771

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, Sept 17th 1886

4. Place of Birth, (Street and Number) #56 Cohen St.

5. Full Name of Mother, Mary Haith

6. Mother's Maiden Name, Kiesner

7. Mother's Birthplace, Baileys Md.

8. Full Name of Father, Charles Haith

9. Father's Occupation, Quitter

10. Father's Birthplace, Philadelphia

● Name of Medical Attendant, or other Person who makes this Return, Mrs. Anna Hillegast

Address, #182 Monument St.

Remarks, 1038 (Kerr Avenue)



or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

38772

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *Fourth.*

1. Sex (state whether Male or Female) *Female.*

2. Race or Color (if not of the white race) *White.*

3. Date of Birth *18th day of September 1886.*

4. Place of Birth (Street and Number) *86 Stenning St.*

5. Full Name of Mother *Ella Youngton Raine*

6. Mother's Maiden Name *Ella Young.*

7. Mother's Birthplace *Baltimore Md*

8. Full Name of Father *Edward Raine jr*

9. Father's Occupation *Merchant.*

10. Father's Birthplace *Baltimore Md*

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

Ch. 58 St. Liberty St.
1st Presentation labor of three hours

RETURN OF A BIRTH 88773

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) _____

2. Race or Color, (if not of the white race) _____

3. Date of Birth, Feb 18

4. Place of Birth, (Street and Number) Orlean St 224

5. Full Name of Mother, Matilda Strong

6. Mother's Maiden Name, Matilda Jenkins

7. Mother's Birthplace, Leicester Co Md

8. Full Name of Father, Louis Strong

9. Father's Occupation, Laborer

10. Father's Birthplace, Virginia

Name of Medical Attendant, or other Person who makes this Return, Mrs Lucinda Wildford

Address, old num 130 New 432 Register St

Remarks, _____



be in attendance upon the mother, immediately thereafter it shall become the duty of the permit or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

P1774

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

Colored

3. Date of Birth,

18th Sept

4. Place of Birth, (Street and Number)

116 Pierce Street

5. Full Name of Mother,

Fannie Brown

6. Mother's Maiden Name,

7. Mother's Birthplace,

Mathews Court Lane Va

8. Full Name of Father,

Wm. L. Hays

9. Father's Occupation,

Waiter

10. Father's Birthplace,

Richmond Va

Name of Medical Attendant, or other Person who makes this return.

Annie Johnson

Address,

94 Tyson street

Remarks.

report the birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall neglect or refuse to do so, shall be subject to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

1875

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Third

1. Sex (state whether male or female)

Male

2. Race or Color (if not of the white race)

Colored

3. Date of Birth

Sept 23

4. Place of Birth (Street and Number)

Mary Smith

5. Full Name of Mother

Horace MD.

6. Mother's Maiden Name

Anne Hunter & Co

7. Mother's Birthplace

69 Eadenhall St

8. Full Name of Father

Elizabeth Smith

9. Father's Occupation

Student

10. Father's Birthplace

Alto MD

Name of Medical Attendant, or other Person who makes this Return.

Francis Granby

Address

69 Eadenhall St

Remarks

Living well

name of the mother of such child or children.

RETURN OF A BIRTH 88776

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.).

1. Sex, (state whether male or female).

2. Race or Color, (if not of the white race).

3. Date of Birth.

4. Place of Birth, (Street and Number).

5. Full Name of Mother.

6. Mother's Maiden Name.

7. Mother's Birthplace.

8. Full Name of Father.

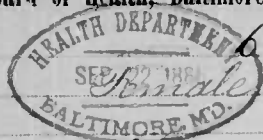
9. Father's Occupation.

10. Father's Birthplace.

Name of Medical Attendant, or other Person who makes this Return.

Address.

Remarks.



September 1886

190 S. Ann St.

Wilhelmine Mauliar

Strepp

Baltimore

William Mauliar

Laborer

Baltimore

Mrs. Louise Kraft

No 142 S. Washington St

For the return of a birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH ⁸⁸⁷⁷⁷

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,



September 1886

No 17 Duncan Alley
Lisbeth Wagner

Sindlemann

Baltimore

Konrad Wagner

Laborer

Baltimore

Mrs. Louise Kraft

No 142 S Washington St.

RETURN OF A BIRTH 88778

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, Sept 18 1886

4. Place of Birth, (Street and Number) W. Pratt St 306

5. Full Name of Mother, Josephine Spooner

6. Mother's Maiden Name, "Loisek

7. Mother's Birthplace, Balt Md

8. Full Name of Father, Peter Spooner

9. Father's Occupation, Restaurant

10. Father's Birthplace, Germany

Name of Medical Attendant, or other Person who makes this Return, Mrs R. Wellig

Address, 4302 Hollander St

Remarks,

Report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

3^d

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

Wht

3. Date of Birth

18 Sept

4. Place of Birth, (Street and Number)

70 Colthorpe St

5. Full Name of Mother,

Mrs Estelle King

6. Mother's Maiden Name,

Unknown

7. Mother's Birthplace,

Balto

8. Full Name of Father,

John King

9. Father's Occupation,

Clerk

10. Father's Birthplace,

Georgetown D.C.

Name of Medical Attendant, or other Person who makes this Return.

Arthur Atkinson

Address,

Office 65 N Charles St

Remarks,

Name of child: Clarence W. King



Birth of any child shall occur without the attendance of a physician or nurse, and the mother shall be liable to a fine of ten dollars for each offense to be recovered by the Registrar of Vital Statistics, Board of Health, Baltimore City, who shall be in attendance upon the mother immediately thereafter. It shall be the duty of the person or persons who shall be in attendance upon the mother to report its birth to the Registrar of Vital Statistics, Board of Health, Baltimore City, in the manner and within the period, and under the penalty, provided in such return of persons who shall have failed to comply with the provisions of this act, shall be liable to the fine of ten dollars for each offense to be recovered by the Registrar of Vital Statistics, Board of Health, Baltimore City.

RETURN OF A BIRTH 88750

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother: (state whether 1st, 2d, 3d, &c.)

3 Child

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

3. Date of Birth,

September 21st 1899
No 352 South Street

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

Mary Henry

6. Mother's Maiden Name,

" Edelmann

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Samuel Henry

9. Father's Occupation,

Carpenter

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this return.

Harriet J. Lindner

Address,

445 W. Monroe St

Remarks,

Report his birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall thereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 88781

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

4th

1. Sex, (state whether male or female)

2 males

2. Race or Color, (if not of the white race)

3. Date of Birth,

9th mo 18th 1886

4. Place of Birth, (Street and Number)

42 Leadenhall St

5. Full Name of Mother,

Anna Schelhaus

6. Mother's Maiden Name,

" Frinke

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Wm Schelhaus

9. Father's Occupation,

Drug packer

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other person who makes this Return.

Miss Munch

Address,

1 Leadenhall St.

Remarks,



report in birth, to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 88782

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

5th

1. Sex, (state whether male or female)

Male
BIRTH DEPARTMENT
MIL OCT 2 1886
BALTIMORE MD
42 Laurens St.

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother.

Mrs Susan Moore

6. Mother's Maiden Name.

" Marshall

7. Mother's Birthplace.

Ohio.

8. Full Name of Father.

W. D. Moore

9. Father's Occupation.

R.R. Conductor

10. Father's Birthplace,

Penna.

Name of Medical Attendant, or other Person who makes this Return.

Spencer M. Free

Address,

#1528 E. 1st Place

Remarks,

Cor M. Mecklen St.

report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this act, shall be subjected in the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 88783

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

5

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

September 18 1886

4. Place of Birth, (Street and Number)

No 334 Sharp St

5. Full Name of Mother,

J. H. Franke Weyrich

6. Mother's Maiden Name,

J. H. Franke

7. Mother's Birthplace,

Posen Prussia

8. Full Name of Father,

H. D. Weyrich

9. Father's Occupation,

Shoemaker

10. Father's Birthplace,

Hartford County

Name of Medical Attendant, or other Person who makes this Return.

Miss Munch

Address,

1 Sadlerhall St.

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)



1. Sex, (state whether male or female)

2. Race or Color. (if not of the white race)

3. Date of Birth,

18th September 1886

4. Place of Birth, (Street and Number)

391 Scott street, Balto

5. Full Name of Mother,

Kate Duckett

6. Mother's Maiden Name,

Kate Mc Hale

7. Mother's Birthplace,

Baltimore Md

8. Full Name of Father,

Robert Duckett

9. Father's Occupation,

Driver

10. Father's Birthplace,

Baltimore Md

Name of Medical Attendant, or other Person who makes this Return.

Wm. B. Bangs

Address,

426 Cross St

Remarks,

RETURN OF A BIRTH ^{987 831}

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

3. Date of Birth,

Sept 18 - 1886

4. Place of Birth, (Street and Number)

75 1/2 Eastern St.

5. Full Name of Mother,

Elizabeth Wurm

6. Mother's Maiden Name,

Fogel

7. Mother's Birthplace,

Germany

8. Full Name of Father,

Joseph Wurm

9. Father's Occupation,

Box Maker

10. Father's Birthplace,

Germany

Name of Medical Attendant, or other Person who makes this Return.

Mary Stein

Address,

147 27 E. Pratt St.

Remarks,



Persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 88786

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2*

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

3. Date of Birth,

Sept 16 - 1886

4. Place of Birth, (Street and Number)

1419 E Pratt St.

5. Full Name of Mother,

Johana Twiner

6. Mother's Maiden Name,

Quirk

7. Mother's Birthplace,

England

8. Full Name of Father,

Charles Twiner

9. Father's Occupation,

Laborer

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return

Harry Stein

Address,

1427 E Pratt St.

Remarks,



Persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

report the birth to the Commissioner of Health, in the manner and within the period above specified, and any such person or persons who shall hereafter fail to comply with the provisions herein, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 88787

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

6 Child.

1. Sex, (state whether male or female)

Male.

2. Race or Color, (if not of the white race)

Colored.

3. Date of Birth,

18 Sept. 1886

4. Place of Birth, (Street and Number)

No. 1412

5. Full Name of Mother,

Isabella Fleming

6. Mother's Maiden Name,

Isabella Dickson.

7. Mother's Birthplace,

Iron Hill, Md.

8. Full Name of Father,

Joseph Fleming.

9. Father's Occupation,

Labor.

10. Father's Birthplace,

Roanoke County, Va.

Name of Medical Attendant, or other Person who makes this Return.

Annie Maria Wilson.

Address,

No. 11 Peach Alley. Hanbury & Home

Remarks,

Midwife.



to the attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as civil fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name *Pauline Hartung*
No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *5: (child)*

1. Sex, (state whether male or female) *Female*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *Sept 1st 210 P.M. 1886*
4. Place of Birth, (Street and Number) *117 S. Broadway*
5. Full Name of Mother, *Pauline Hartung*
6. Mother's Maiden Name, *Pauline (Margaret) Hagen*
7. Mother's Birthplace, *Balt. City*
8. Full Name of Father, *Henry (Jr) Hartung*
9. Father's Occupation, *Shoe Store*
10. Father's Birthplace, *Balt. City*

Name of Medical Attendant, or other Person who makes this Return, *James E. Dandell*

Address, *277 S. Balto St*

Remarks,



RETURN OF A BIRTH 88789

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd.

1. Sex, (state whether male or female) female

2. Race or Color, (if not of the white race) white

3. Date of Birth, Sept. 18th

4. Place of Birth, (Street and Number) 10 - Bellair road Wisconsin

5. Full Name of Mother, Rosa Dutza

6. Mother's Maiden Name, Rosa Grashae

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Chas. Dutza

9. Father's Occupation, Beer Brewer

10. Father's Birthplace, Germany

Name of Medical Attendant, or other Person who makes this Return M. A. Butt

Address, 185. S.E. cor Central av. & Monument St.

Remarks, Ill Will



or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 88790

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

One

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Sept 18th at 5-30 am

4. Place of Birth, (Street and Number)

107 S. Green St

5. Full Name of Mother,

Emma O. Payne

6. Mother's Maiden Name,

Magall

7. Mother's Birthplace,

Baltimore Md

8. Full Name of Father,

Joseph W. Payne

9. Father's Occupation,

Wagon Wagon

10. Father's Birthplace,

Washington D.C.

Name of Medical Attendant, or other Person who makes this Return.

Mrs. Seabrook

Address,

455 W Pratt St

Remarks,



No fee is to be charged for this return, but the person who makes the same, or any other person who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as such laws and ordinances are recoverable.

Persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to a fine of \$4 or \$5 (10) Dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 1899

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

8

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Sept 18

4. Place of Birth, (Street and Number)

28 Waverley

5. Full Name of Mother,

Gessie Mathews

6. Mother's Maiden Name,

J. Laracy

7. Mother's Birthplace,

Ireland

8. Full Name of Father,

Nicholas Mathews

9. Father's Occupation,

Moulder

10. Father's Birthplace,

Ireland

Name of Medical Attendant, or other Person who makes this Return.

Geo R Graham M.D.

Address,

Remarks,



RETURN OF A BIRTH. 88792

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female) 1

2. Race or Color, (if not of the white race) W

3. Date of Birth Sept 18 1854

4. Place of Birth, (Street and Number) 7th McMillan St

5. Full Name of Mother, Anne Cochran

6. Mother's Maiden Name, Jane McCreary

7. Mother's Birthplace, Ireland

8. Full Name of Father, Wm Cochran

9. Father's Occupation, Clerk

10. Father's Birthplace, Ireland

Name of Medical Attendant, or other Person who makes this Return, Dr. Nathan M. D.

Address, 19 Franklin St

Remarks,

report the birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 887903

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,

Be in attendance upon the mother, immediately thereafter, shall report its birth to the Commissioner of Health, in the manner required, and any such person for each offense to be recovered as other fines and forfeitures are recoverable.

Report as birth to the Commissioner of Health, in the manner and within the period aforesaid required, and any such person who fails to do so shall be liable to a fine of not less than \$10 nor more than \$50, and shall be subjected to the fine of \$10 in (10) dollars for each offense to be recovered on other fines and forfeitures are recoverable.

RETURN OF A BIRTH ⁸⁸⁷⁹⁴

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, Sept 28 1888

4. Place of Birth, (Street and Number) 240 Dallas St

5. Full Name of Mother, Mary Hunt

6. Mother's Maiden Name, Hoffman

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Oscar Hunt

9. Father's Occupation, Musicians

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return.

Address, Mrs Julia Gormy

Remarks, 940 N Gay St



5875

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

6

Male

Male
HEALTH DEPARTMENT
Baltimore, MD.

September 1988

183 Easter.

Armin Schloßer

Barnet

Baltimore

George Högel

Cigar Maker

Baltimore

Mrs Louise Kraft

W^o 142 S Washington St.

Remarks,

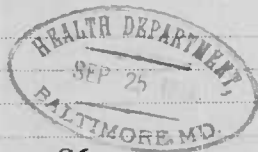
ny & Co., City Printers and Stationers.

RETURN OF A BIRTH

88796

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3^d
1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Sept. 19th 1886
4. Place of Birth, (Street and Number) 42 Patapsco St.
5. Full Name of Mother, Mary Stumpf
6. Mother's Maiden Name, Winkel
7. Mother's Birthplace, Germany
8. Full Name of Father, Sebastian Stumpf
9. Father's Occupation, Cabinet-maker
10. Father's Birthplace, Germany
- Name of Medical Attendant, or other Person who makes this Return, Wm. Gombel M.D.
- Address, 170 N. Sharp St.
- Remarks,



Report the birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH ⁸⁸⁷⁹⁷

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (~~state whether 1st, 2d, 3d, &c.~~)

1. Sex, (~~state whether male or female~~)

2. Race or Color, (~~if not of the white race~~)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,



Sept 19 1936
525 W. Baltimore St.
Lila W. Betts
Lila W. Bassett
Allegheny Co. Pa
Charles E. Betts
Tobacco
Baltimore City, Md.
John J. C. Higgins
173 Lexington St.

RETURN OF A BIRTH

88798

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (~~state whether~~ 1st, 2d, 3d, &c.)

1. Sex, (~~state whether~~ male or female)

2. Race or Color, (~~if not of the~~ white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

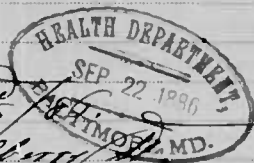
9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,



Sept 19th 1896

570 Mulberry St.

Sarah E. Shaffer

Sarah E. Shaffer

Harpers Ferry, Va.

James E. Shaffer

Clark.

Martinsburg, W. Va.

John J. R. Boyd, M.D.

213 Lexington St.

report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

It is the duty of the person or persons at birth of such child, to report the birth to the Commissioner of Health, in the manner and form provided for that purpose, and to pay the fee of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 88799

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,



Minnie Lawrence

Robert -

Baltimore

Charles Seymour

Steam Fitter

London, (England)

J. Mott

48 N. E. St. 4-

RETURN OF A BIRTH

88800

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

September 25th 1880

4. Place of Birth, (Street and Number)

Baltimore Md

5. Full Name of Mother,

Clara K Anderson

6. Mother's Maiden Name,

Clark

7. Mother's Birthplace,

Gallego Md

8. Full Name of Father,

Joseph Anderson

9. Father's Occupation,

Labourer

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return.

Elizabeth Halloran

Address,

Light St 125-32

Remarks,



report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall thereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fine and forfeitures are recoverable.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,

21 - female

Sept 19 - 1896

313

Marine Hospital

Access

Baltimore

Dr. H. H. H. H.

Short - Center

Baltimore

St. Hotel, Md.

143 9, E. 1st St.



Be it remembered, that upon the making, immaterially whether it shall be made, the day of the person or persons of each child, in
report the birth of each child, the Registrar of Vital Statistics, Baltimore City, shall be subject to the fine of ten (10) dollars
for each person who fails to comply with the provisions of this act, and any such person
for each person who fails to comply with the provisions of this act, and any such person
for each person who fails to comply with the provisions of this act, and any such person

RETURN OF A BIRTH

88802

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

5th - Elsie Fauch

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

19th

4. Place of Birth, (Street and Number)

49 1 Parkin

5. Full Name of Mother,

Jennie Fauch

6. Mother's Maiden Name,

Jennie Solomon

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Samuel B Fauch

9. Father's Occupation,

Proctor

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return.

Susan Shuster

Address,

25 N Poppleton St

Remarks,



Be in attendance upon the child and mother, and if the mother is unable to do so, the attendant shall accompany the mother to the Registrar's Office, and if the mother is unable to do so, the attendant shall accompany the mother to the Registrar's Office, and if the mother is unable to do so, the attendant shall accompany the mother to the Registrar's Office.

report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

88903

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

September 19th

4. Place of Birth, (Street and Number)

174 Locust Street

5. Full Name of Mother,

Mary Adda Lippitt

6. Mother's Maiden Name,

Mary Adda Lippitt

7. Mother's Birthplace,

Franklin, Pa.

8. Full Name of Father,

Charles Louis Lippitt

9. Father's Occupation,

Iron pipe worker

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this return.

Wm. Gange

Address,

426 Broad St.

Remarks,



RETURN OF A BIRTH 88804

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st Child*

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *Septbr. 19, 1886*

4. Place of Birth, (Street and Number) *Trinity St. No. 1.*

5. Full Name of Mother, *Lillie Lindhorst*

6. Mother's Maiden Name, *Lillie Dobrink*

7. Mother's Birthplace, *Miesvendorf, V. Preussen, Germany*

8. Full Name of Father, *Friedrich H. Lindhorst*

9. Father's Occupation, *Steinschleifer*

10. Father's Birthplace, *Engster, V. Preussen, Germany*

Name of Medical Attendant, or other Person who makes this Return, *Harry E. Müller*

Address, *N. Dallas St., No. 26, blk. No. 944 new*

Remarks,



Persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of each child to report the birth to the Registrar of Vital Statistics, who shall, in the absence of the mother, be the person to whom such report shall be made. The mother, or the person or persons in the absence of the mother, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH ⁸⁸⁸⁰⁵

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *3rd Child*

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *Sept. 17, 1888*

4. Place of Birth, (Street and Number) *1412 Howard*

5. Full Name of Mother, *Queen Snyder*

6. Mother's Maiden Name, *Conrad*

7. Mother's Birthplace, *Pa. City*

8. Full Name of Father, *John L. Snyder*

9. Father's Occupation, *Commissioned Business*

10. Father's Birthplace, *Balto. City*

Name of Medical Attendant, or other Person who makes this Return, *James C. Linnell, M.D.*

Address, *277 E. Baltimore St.*

Remarks,



RETURN OF A BIRTH.

88506

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2 —

1. Sex (state whether Male or Female)

Male.

2. Race or Color (if not of the white race)

White

3. Date of Birth

19th — September —

4. Place of Birth (Street and Number)

160 N. Eden St

5. Full Name of Mother

Margaret L. Thompson

6. Mother's Maiden Name

" " Mason

7. Mother's Birthplace

Balt.

8. Full Name of Father

Louis C. Thompson

9. Father's Occupation

Matchmaker

10. Father's Birthplace

Balt.

Name of Medical Attendant, or other Person who makes this Return.

J. J. [unclear]

Address

139 [unclear] St

Remarks

born, its or their physical condition, whether still born or not, the first name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH 88807

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,



Report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other dues and forfeitures are recoverable.

born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

88808

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 8th
1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth Sept. 19th 1886
4. Place of Birth (Street and Number) 54 S. Schroder St.
5. Full Name of Mother Ellen Cadogan
6. Mother's Maiden Name " Singleton
7. Mother's Birthplace Ireland
8. Full Name of Father Walter Cadogan
9. Father's Occupation Machinist
10. Father's Birthplace Ireland
- Name of Medical Attendant, or other Person who makes this Return. F. B. Gardner
- Address 120 N. Greene St.
- Remarks



RETURN OF A BIRTH. 88809

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth

Sept 19 1884

4. Place of Birth. (Street and Number)

W 135 1/2 Street

5. Full Name of Mother,

Lena Klein

6. Mother's Maiden Name,

Lena Klein

7. Mother's Birthplace,

Germany

8. Full Name of Father,

Charles Klein

9. Father's Occupation,

undertaker

10. Father's Birthplace,

Bohemia

Name of Medical Attendant, or other Person who makes this Return.

J. H. Patterson M.D.

Address,

14 N. Franklin

Remarks,

be in attendance upon the mother immediately thereafter, it shall become the duty of the person or persons of such child, to report its birth to the Commissioner of Health in the manner and within the time provided in this section, and if any person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (\$10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

85810

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2nd Child*

1. Sex, (state whether male or female).....

2. Race or Color, (if not of the white race).....

3. Date of Birth,.....

4. Place of Birth, (Street and Number).....

5. Full Name of Mother,.....

6. Mother's Maiden Name,.....

7. Mother's Birthplace,.....

8. Full Name of Father,.....

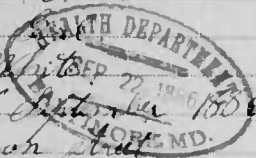
9. Father's Occupation,.....

10. Father's Birthplace,.....

Name of Medical Attendant, or other Person who makes this Return.....

Address,.....

Remarks,.....



20th of September 1886

353 Jefferson Street

Josephina Schumbach

Josephina Hollin

Bohemia County

Lucretia Hollin

Tailor

Bohemia County

Crescentia Kunkel

71 North Chapel St. per Justina Kunkel

Healthy

to
reports its birth to the Commissioner of Health, in the manner and within the period there required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

88511

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

3rd

1. Sex, (state whether male or female)

female

2. Race or Color, (if not of the white race)

3. Date of Birth

105- 21

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

Mary R. Rafferty

6. Mother's Maiden Name,

Engel

7. Mother's Birthplace,

Philadelphia

8. Full Name of Father,

John Rafferty

9. Father's Occupation,

Policeman

10. Father's Birthplace,

Ireland

Name of Medical Attendant, or other Person who makes this Return.

D. Street M.D.

Address,

1434 E. Exchange

Remarks,

See instructions upon the envelope immediately therefor. It shall become the duty of the person or persons of such child, to register his birth in the Commission of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other laws and regulations are recoverable.

RETURN OF A BIRTH

88812

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

First 5th Child

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,



Born 20th of September

No 13th Street

Mrs. Geldmacher

Miss Emma Smith

Baltimore

Mr. Geldmacher

Laborer

Baltimore

Mrs. Miller

1017 West Pratt St

be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child to report its birth to the Commissioner of Health, in the manner and within the time specified above required, and any such person or persons who shall heretofore fail to comply with the provisions of this section shall be deemed to be guilty of a misdemeanor, and for each offense to be punished as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

88811

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) male

2. Race or Color, (if not of the white race) white

3. Date of Birth, September 27, 1888

4. Place of Birth, (Street and Number) 1 Grove

5. Full Name of Mother, Mary Schmidt

6. Mother's Maiden Name, Mary Graham

7. Mother's Birthplace, Balto.

8. Full Name of Father, John Schmidt

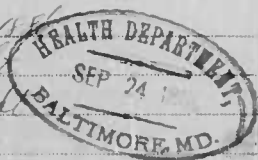
9. Father's Occupation, Laborer

10. Father's Birthplace, Balto.

Name of Medical Attendant, or other Person who makes this Return, Mary L. Swaine

Address, 57 Luzerne St.

Remarks,



Birth of any child shall occur without the attendance of a physician or other person who shall be required to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

Birth of any child shall occur without the attendance of a physician, and the mother, immediately thereafter, shall be in attendance upon the mother, immediately thereafter, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as either fines and forfeitures are recoverable.

RETURN OF A BIRTH. 88815

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *first*

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

Colored

3. Date of Birth

Sept 20 - 1886.

4. Place of Birth, (Street and Number)

no 40 Stockton st Balto m.d.

5. Full Name of Mother,

Oliver Ferguson

6. Mother's Maiden Name,

Oliver Ferguson

7. Mother's Birthplace,

Baltimore md

8. Full Name of Father,

John W Boyd

9. Father's Occupation,

Laborer

10. Father's Birthplace,

Baltimore md

Name of Medical Attendant, or other Person who makes this Return.

Ellen Ferguson

Address,

no 256. Raby street

Remarks,

none



RETURN OF A BIRTH ⁸⁸⁸¹⁶

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) male

2. Race or Color, (if not of the white race) colored

3. Date of Birth, September 20

4. Place of Birth, (Street and Number) York Street

5. Full Name of Mother, Mary Canon

6. Mother's Maiden Name, Mary Walker

7. Mother's Birthplace, Easton Shore Md

8. Full Name of Father, Robert Canon

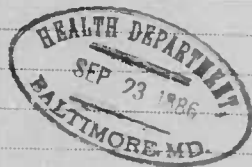
9. Father's Occupation, Barber

10. Father's Birthplace, Virginia Summer County

Name of Medical Attendant, or other Person who makes this Return.

Address, Neak Tisco No 224 Hughes Street

Remarks, _____



Birth of any child shall occur without the attendance of a Physician or midwife, or should on other person be attended by any person other than a Physician or midwife, the person or persons attending shall be liable to a fine of ten dollars for each offence to be recovered by the Registrar of Vital Statistics.

RETURN OF A BIRTH ⁸⁸⁸¹⁷

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)



1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,

September 27, 1886
Clinton St 205 Canton
Mary Flessler
Hlasenei
Baltimore
Ambros Flessler
Laborer
Baltimore
Mrs. Louise Kraft
No 142 S. Washington St

Be in attendance upon the mother, immediately thereafter, and receive the day of the person or persons of such child to report his birth to the Commissioner of Health, in the manner and within the period provided by law, and for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 58818

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name of child: *Fredrick William*

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

First

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

3. Date of Birth,

Sep 20 - 26

4. Place of Birth, (Street and Number)

No 197 Aisquith St

5. Full Name of Mother,

Minnie H. Zimmerman

6. Mother's Maiden Name,

" " Stengel

7. Mother's Birthplace,

Balto

8. Full Name of Father,

Wm F. Zimmerman

9. Father's Occupation,

Carpenter

10. Father's Birthplace,

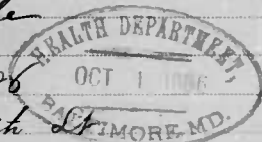
Balto

Name of Medical Attendant, or other Person who makes this Return.

Mary A. Howell

Address, *412 McJannet St*

Remarks,



be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall thereafter fail to comply with the provisions of this section, shall be subject to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH ⁸⁸⁸¹⁹

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

First

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

3. Date of Birth,

September 20 1896

4. Place of Birth, (Street and Number)

108 Fairmount Ave

5. Full Name of Mother,

Anna Bell Cochran

6. Mother's Maiden Name,

Hall

7. Mother's Birthplace,

Virginia

8. Full Name of Father,

Charles Cochran

9. Father's Occupation,

Clock

10. Father's Birthplace,

New Orleans

Name of Medical Attendant, or other Person who makes this Return

Mary A. Atwell

Address, 412 Mc Donough St

Remarks,

be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 38820

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,



White
Sept 27/10
119 1 Oregon St
Hannah Reed
" Italy
Baltimore
John Reed
Laborer
Carlisle Pa.
A. J. Spencer
317 N. Lombard St

RETURN OF A BIRTH 88821

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

3. Date of Birth,

Sep 20 1886

4. Place of Birth, (Street and Number)

1435 E. Pratt St.

5. Full Name of Mother,

Katharina E. Miller

6. Mother's Maiden Name,

Stein

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Jacob J. Miller

9. Father's Occupation,

Laborer

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return.

Mary Stein

Address,

1427 E. Pratt Stein

Remarks,



be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

57822

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)



1. Sex, (state whether male or female)

female

2. Race or Color, (if not of the white race)

Colored

3. Date of Birth.

20 of Sep

4. Place of Birth, (Street and Number)

N 8 Subon st

5. Full Name of Mother,

July Brown

6. Mother's Maiden Name,

July Dossley

7. Mother's Birthplace,

Saint Mary County

8. Full Name of Father,

James Brown

9. Father's Occupation,

livery stable occupation

10. Father's Birthplace,

Baltimore M D

Name of Medical Attendant, or other Person who makes this return.

Celestial Cook

Address,

No 37 Chasnut ally

Remarks,

Persons of any child, and a fee of \$1.00 for each child, shall be in attendance upon the mother, immediately thereafter it shall become the duty of the person so attending to report its birth to the Commissioner of Health, in the manner and within the period above required, and any person who shall thereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

be in attendance upon the mother, immediately thereafter it shall become the duty of the parent or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th.
1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Sept. 20th. 1880
4. Place of Birth, (Street and Number) No. 512 Bethel St.
5. Full Name of Mother, Christina Gross
6. Mother's Maiden Name, Christina Willich
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Conrad Gross
9. Father's Occupation, Druggist
10. Father's Birthplace, Baltimore
- Name of Medical Attendant, or other Person who makes this Return. M. A. B. M.
- Address, 185 S.E. cor Central av. & Monument St.
- Remarks, Self Will

858211

birth of any child shall occur without the attendance of a physician or practitioner of medicine, it shall become the duty of the person or persons of such child, in the absence of the mother, immediately thereafter, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be levied, as other fines and forfeitures are recoverable.

8 Ch

For sale

Colonial

Monday Sept 20th 1886

54 Davis St

Alice Sampson

Alice Peck

Baltimore City-

Wm Sampson

Porter

Baltimore

or other Person who
makes this Return.

or other Person who makes this Return.

Mr. Paul A. & Melburn, Lb

Murphy & Co., City Printers and Stationers



RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Second Child

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Sept. 20 " 1886

4. Place of Birth, (Street and Number)

27 O'Donnell St.

5. Full Name of Mother,

Brady Baer

6. Mother's Maiden Name,

Brady Haer

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Charles Baer

9. Father's Occupation,

Labor

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return.

Mr. Wiley

Address,

No. 30 Patterson Park Ave.

Remarks,



report in term to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered in other fine and forfeitures are recoverable.

RETURN OF A BIRTH 89826

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

5th

1. Sex, (state whether male or female)

Boy

2. Race or Color, (if not of the white race)

White

3. Date of Birth.

Monday Sept. 20th 1886

4. Place of Birth, (Street and Number)

Far Preston St, 4th block east of

5. Full Name of Mother.

Virginia C. Roll

6. Mother's Maiden Name.

Virginia C. Roll

7. Mother's Birthplace.

Balt. Md.

8. Full Name of Father.

Jos. W. Bamberger

9. Father's Occupation.

Printer

10. Father's Birthplace.

Balt. Md.

Name of Medical Attendant, or other Person who makes this return.

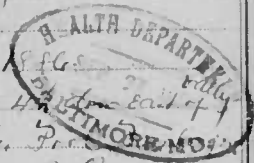
Walter Brinton M.D.

Address.

Chas St. 7 1/2 West Place

Remarks.

Report its birth to the Commissioner of Health, or the Registrar of Births, within the time specified in the regulations, or the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.



RETURN OF A BIRTH *88527*

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother. (state whether 1st, 2d, 3d, &c.) *one*

1. Sex, (state whether male or female) *male*

2. Race or Color, (if not of the white race) *colored*

3. Date of Birth. *Sep. 20 1886*

4. Place of Birth, (Street and Number) *Creamer's Alley 705 New no.*

5. Full Name of Mother. *Cora Murray*

6. Mother's Maiden Name, *Cora Jones*

7. Mother's Birthplace, *Baltimore City*

8. Full Name of Father, *James Murray*

9. Father's Occupation, *Oyster Shucker*

10. Father's Birthplace, *Baltimore City*

Name of Medical Attendant, or other Person who makes this Return *Caroline Moore*

Address, *191 Hester St.*

Remarks.

RETURN OF A BIRTH ⁸⁸⁸²⁸

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8th

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race)

3. Date of Birth, 20th Sept 1896

4. Place of Birth, (Street and Number) 321 Font St

5. Full Name of Mother, Louisa Schellars Mescha

6. Mother's Maiden Name, Schellan

7. Mother's Birthplace, Germany

8. Full Name of Father, William Mescha

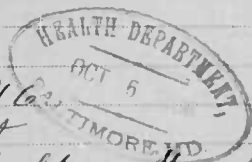
9. Father's Occupation, Laborer

10. Father's Birthplace, Germany

Name of Medical Attendant, or other Person who makes this Return, Elizabeth Gerwell

Address, 68 Font Ave

Remarks,



Be in attendance upon the mother, immediately thereafter, & shall furnish the body of the person or persons of such child, to report his birth to the Commissioner of Health, in the manner and within the period above prescribed, and pay the fee thereon, in advance, in the form of a receipt, and shall be subject to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH ⁸⁸⁸²⁹

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *4th*

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

3. Date of Birth,

20 Sept 1886

4. Place of Birth, (Street and Number)

328 Fort St

5. Full Name of Mother,

Rosa Landwig

6. Mother's Maiden Name,

Lyons

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Frederick Landwig

9. Father's Occupation,

Labourer

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return,

Elizabeth Yervell

Address,

68 Fort Ave

Remarks,



be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence in so received, and all other fines and forfeitures are recoverable.

RETURN OF A BIRTH ⁸⁸⁸³⁰

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7.

1. Sex, (state whether male or female) male *David*
2. Race or Color, (if not of the white race) white
3. Date of Birth, September 20 Th
4. Place of Birth, (Street and Number) 71 Harrison street
5. Full Name of Mother, Dina Rosenstein
6. Mother's Maiden Name, Dina Karimov
7. Mother's Birthplace, Russia
8. Full Name of Father, Tanchum Rosenstein
9. Father's Occupation, Tailor
10. Father's Birthplace, Russia
- Name of Medical Attendant, or other Person who makes this Return. Ed Scherman
- Address, Elbeemarle st N 103.
- Remarks, Twins.

be in attendance upon the mother, immediately thereafter, and shall become the duty of the person so attending, and any such person report its birth to the Commissioner of Health, in the manner and within the period above required, and any person who neglects to do so, or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subject to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 88831

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8

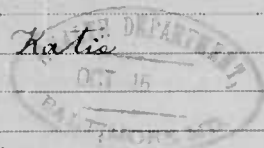
1. Sex, (state whether male or female) female Katie
2. Race or Color, (if not of the white race) white
3. Date of Birth, September 20 1886
4. Place of Birth, (Street and Number) 71 Harrison St.
5. Full Name of Mother, Dina Rosenstein
6. Mother's Maiden Name, Dina Kasimil
7. Mother's Birthplace, Russia
8. Full Name of Father, Tanchum Rosenstein
9. Father's Occupation, Tailor
10. Father's Birthplace, Russia

Name of Medical Attendant, or other Person who makes this Return.

E. Scherman

Address, Albemarle st #103.

Remarks, Twins



RETURN OF A BIRTH 88532

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Second

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Sept 20 1886

4. Place of Birth, (Street and Number)

93 Chew

5. Full Name of Mother,

Ella Brumick

6. Mother's Maiden Name,

Ella Kunkel

7. Mother's Birthplace,

Baltimore County Md

8. Full Name of Father,

William E. Brumick

9. Father's Occupation,

Wood Carver

10. Father's Birthplace,

Baltimore Md

Name of Medical Attendant, or other Person who makes this Return

Dr. James E. Whitford

Address,

*195 A NORTH STREET
BALTIMORE, MD*

Remarks,

Should not be returned to the Registrar when the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, within the period above required, except in the cases of the births and deaths of illegitimate children, and any person who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars, or to imprisonment for not more than thirty days, or to both such fine and imprisonment, at the discretion of the Court.

RETURN OF A BIRTH 88833

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) Female.

2. Race or Color, (if not of the white race) White

3. Date of Birth, Sept. 20th 1886

4. Place of Birth, (Street and Number) #180 Belair Road.

5. Full Name of Mother, Mary Rattberg

6. Mother's Maiden Name, J. Collinger.

7. Mother's Birthplace, Balto. Md.

8. Full Name of Father, Charles Rattberg.

9. Father's Occupation, Butcher.

10. Father's Birthplace, Germany

Name of Medical Attendant, or other Person who makes this Return.

Address, Mrs. Lena Hilgenst
#1820 Monument St
1038 (New Avenue)

Remarks,

Person reporting its birth to the Commissioner of Health, in the manner and within the period above required, and any other person who fails to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other laws and forfeitures are recoverable.

RETURN OF A BIRTH. 88834

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) f

2. Race or Color, (if not of the white race) w

3. Date of Birth

4. Place of Birth, (Street and Number) 16 3rd St

5. Full Name of Mother, Lizzie Hartman

6. Mother's Maiden Name, Herman

7. Mother's Birthplace, Balt

8. Full Name of Father, Jacob Hartman

9. Father's Occupation, Carriage Manufacturing

10. Father's Birthplace, Balt

Name of Medical Attendant, or other Person who makes this Return. D. Smith M.D.

Address, 163 9th St (rooms) 403 N. Eads St

Remarks,



be in attendance upon the mother, immediately thereafter, it shall become the duty of the person or persons at such child is born to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

88335

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

3 child

1. Sex, (state whether male or female).

male

2. Race or Color, (if not of the white race)

white

3. Date of Birth,

21

4. Place of Birth, (Street and Number)

penelmore avenue 388

5. Full Name of Mother,

Catherine Jacobs

6. Mother's Maiden Name,

Catherine Boyce

7. Mother's Birthplace,

penelmore

8. Full Name of Father,

Joseph Jacobs

9. Father's Occupation,

laborer

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return.

Mrs Donnelly

Address,

81 Little Welsh St

Remarks,

none

RETURN OF A BIRTH

88536

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8d.

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, Sept. 21st 86

4. Place of Birth, (Street and Number) No 45-4 Federal St

5. Full Name of Mother, Sarah P. Dougherty

6. Mother's Maiden Name, Sarah Barker

7. Mother's Birthplace, Baltimore County Md

8. Full Name of Father, Chas. A. Dougherty

9. Father's Occupation, Expressman

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return, Dr. Geo. L. Staley

Address, Cor. Calvert & Lombard Sts

Remarks, City



Persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

88837

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Female

2. Race or Color. (if not of the white race) White

3. Date of Birth, Sept 21st 1888

4. Place of Birth, (Street and Number) 62 Orchard Street

5. Full Name of Mother, Harriet Bell

6. Mother's Maiden Name, Harriet Tignor

7. Mother's Birthplace, Green Knolls, Tenn.

8. Full Name of Father, William Bell

9. Father's Occupation, Farmer

10. Father's Birthplace, Virginia

Name of Medical Attendant, or other Person who makes this Return, Flater Holman

Address, 38 E. Monument

Remarks,



Be in attendance upon the mother immediately thereafter, it shall become the duty of the person or persons so appointed, to report the birth of the child to the Registrar of Vital Statistics, within the period above required, and any such person failing to do so shall be liable to a fine of \$100, and shall be subject to the provisions of this section, shall be subjected to the fine of \$100 dollars for each failure to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH PS 138

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

Philip Mortimer Padget
No. *4* Child of Mother, (state whether 1st, 2d, 3d, etc.) *4th child*

1. Sex, (state whether male or female) *Male*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *September 21 1886*

4. Place of Birth, (Street and Number) *No 190*
5. Full Name of Mother, *Joanna Padgett Padget*

6. Mother's Maiden Name, *Joanna Codd*
7. Mother's Birthplace, *Surroundal County N D*
8. Full Name of Father, *Mortimer Padgett*

9. Father's Occupation, *Farmer*
10. Father's Birthplace, *Charles County*

Name of Medical Attendant, or other Person who make this Return *Mary E Anderson*

Address, *No 4 Williams St*

Remarks, *CERTIFICATE CORRECTED - 12-30-53*
h-m



born, be or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

88839

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

2nd
Female
White

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race)

3. Date of Birth

Sept 21st 1886

4. Place of Birth (Street and Number)

206 Market St

5. Full Name of Mother

Margaret Smith

6. Mother's Maiden Name

Margaret Pattison

7. Mother's Birthplace

Dorchester Co. Md

8. Full Name of Father

Wilbur F. Smith

9. Father's Occupation

School Teacher

10. Father's Birthplace

London Co. Va

Name of Medical Attendant, or other Person who
makes this Return.

Thos. S. Latimer M.D.

Address

371 Rutaw Place

Remarks

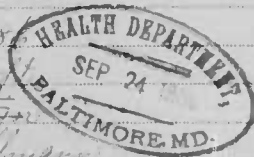
Chloroform in last stage. in ill effect

Birth of any child shall occur without the attendance of a physician or practitioner of such art or science, or should no such person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3
1. Sex, (state whether male or female) male (Conrad Charles Maygers)
2. Race or Color, (if not of the white race) white
3. Date of Birth, Sept. 26, 1885
4. Place of Birth, (Street and Number) 80 Luzerne St.
5. Full Name of Mother, Catherine Maygers
6. Mother's Maiden Name, Catherine Hoffmann
7. Mother's Birthplace, Balto.
8. Full Name of Father, Charles Major Maygers
9. Father's Occupation, Brick molder
10. Father's Birthplace, Balto.
- Name of Medical Attendant, or other Person who makes this Return, Mary S. Swaine
- Address, 57 Luzerne St.
- Remarks,



RETURN OF A BIRTH. 88841

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *First*

1. Sex, (state whether male or female) *Female*

2. Race or Color, (if not of the white race) *Colored*

3. Date of Birth *Sept 21st 1886*

4. Place of Birth, (Street and Number) *no 51 Stockton and.*

5. Full Name of Mother, *Sarah Jane Long*

6. Mother's Maiden Name, *Sarah Jane Long*

7. Mother's Birthplace, *Baltimore and*

8. Full Name of Father, *John Long*

9. Father's Occupation, *Laborer*

10. Father's Birthplace, *Anna Brunel to and.*

Name of Medical Attendant, or other Person who makes this Return. *Ellen Ferguson*

Address, *no 256 Raleigh Street*

Remarks, *none*



be in attendance upon the mother, immediately thereafter it shall be the duty of the Registrar to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

88842

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,



Sept 16 1888
Montgomery St

Montgomery St

Mary Cookley

Mary Stone

Alexandria

Thomas Cookley

Practitioner

Alexandria

M R Cookley

16 Health St

Doing well

be in attendance upon the mother, immediately after the birth, and within the period above required, and also report its birth to the Commissioner of Health, with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

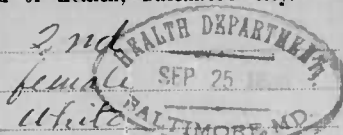
9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,



2nd
female
White
Sept-21-85
47 Harrison
Rachel Albert
Rachel Spielman
Germany
Morris Albert
Sailor
Russia

Daniel V. Moyer M.D.
New (728) Disquith st

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Address, 912 McInergh st

Remarks,

Ninth
Male

Sep 21 - 86

No. 247 N Chester
Alvinda Marton
Wilson

Pennsylvania
John Marton
Clerk
Balt

Mary A Allwell



In attendance with the mother, the father, or other person who makes this Return, or person who shall hereafter be required to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars.

RETURN OF A BIRTH

888146

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Second

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

3. Date of Birth,

Sep 21 - 1886

4. Place of Birth, (Street and Number)

No 308 E. Monument

5. Full Name of Mother,

Mary P. Forrester

6. Mother's Maiden Name,

" " Hall

7. Mother's Birthplace,

Balto

8. Full Name of Father,

John E. Forrester

9. Father's Occupation,

Bricklayer

10. Father's Birthplace,

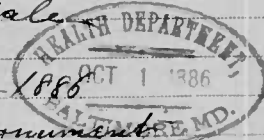
Balto

Name of Medical Attendant, or other Person who makes this Return.

Mary A. Allwell

Address, 912 Mc Donough st

Remarks,



Birth of any child shall occur without the attendance of a physician or midwife, or any other person, who shall be required to report its birth to the Registrar of Vital Statistics, Board of Health, in the manner and within the period above required, and any such person or persons who shall be required to report its birth to the Registrar of Vital Statistics, Board of Health, in the manner and within the period above required, shall be subjected to the fine of ten (10) dollars for each offense to be recovered.

RETURN OF A BIRTH

888447

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Third Child*

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

Colored

3. Date of Birth,

21 September

4. Place of Birth, (Street and Number)

49 State Street

5. Full Name of Mother,

Mary Martin

6. Mother's Maiden Name,

Mary Harrison

7. Mother's Birthplace,

Westmoreland Co Va

8. Full Name of Father,

John W Martin

9. Father's Occupation,

Horsler

10. Father's Birthplace,

Port Royal Va

Name of Medical Attendant, or other Person who makes this return.

Celestial Cooke

Address,

37 Chestnut Alley

Remarks,



any attendance upon the mother immediately thereafter at such expense as may be incurred by the mother, and any such person or persons, who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (\$10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 85848

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 7

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race)

3. Date of Birth Sep 21. 1886

4. Place of Birth, (Street and Number) 10 Walker St.

5. Full Name of Mother, Rose Armiger

6. Mother's Maiden Name, Lessner

7. Mother's Birthplace, Balto. Md.

8. Full Name of Father, Peter Armiger

9. Father's Occupation, Wheelwright

10. Father's Birthplace, Balto. Md.

Name of Medical Attendant, or other Person who makes this Return, Caroline Miller

Address, #5 Walker St. Balto. Md.

Remarks,



Birth of any child shall occur without the attendance of a physician or other person authorized by the Board of Health, the mother, immediately thereafter, in the manner and within the period above required, and any such person who fails to do so shall be liable to a fine of ten dollars for each offence to be recovered by the Board of Health.

RETURN OF A BIRTH 88849

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

5th Child

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

21 September

4. Place of Birth, (Street and Number)

1010 Rodgers Street

5. Full Name of Mother,

Margaretha Barbara Hair

6. Mother's Maiden Name,

Margaretha Barbara Immler

7. Mother's Birthplace,

Marbach Landgericht Durnau Bayern

8. Full Name of Father,

Jakob Hair

9. Father's Occupation,

Tagelöhner

10. Father's Birthplace,

Jakob Hair Hilfenheim Baden

Name of Medical Attendant, or other Person who makes this Return.

Susan Hunt-

Address,

21 W. Poppleton St

Remarks,



be in attendance upon the mother immediately thereafter it shall become the duty of the person or persons so required to report the birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

Birth of any child shall be reported to the Registrar of Vital Statistics, Baltimore City, within ten days of its birth, and the person or persons who shall fail to comply with the provisions of this section, shall be subject to the fine of ten (10) dollars for each offense to be recovered.

RETURN OF A BIRTH 88850

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

First

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

white

3. Date of Birth

September 1st

4. Place of Birth, (Street and Number)

9 years St

5. Full Name of Mother,

Louisa Theresa Betz

6. Mother's Maiden Name,

Neckles

7. Mother's Birthplace,

Baltimore Md

8. Full Name of Father,

Albert Jacob Betz

9. Father's Occupation,

Cork-Worker

10. Father's Birthplace,

Baltimore Md

Name of Medical Attendant, or other Person who makes this Return.

Euseb Hendon

Address,

21 W Poppleton St

Remarks,



RETURN OF A BIRTH 88851

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Second*

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race).

3. Date of Birth,

Sept 21 - 86.

4. Place of Birth, (Street and Number)

83 Randolph St.

5. Full Name of Mother,

Elizabeth Mills

6. Mother's Maiden Name,

Leutz

7. Mother's Birthplace,

Balto.

8. Full Name of Father,

Enoch Mills

9. Father's Occupation,

England

10. Father's Birthplace,

Glasgow

Name of Medical Attendant, or other Person who makes this Return

Mary Knoch

Address,

1018 South Eutamia St.

Remarks,



Birth of any child shall occur without fine or penalty, immediately thereafter it shall become the duty of the person or persons of such child to be in attendance upon the mother, in the manner and within the period above required, and any such person or persons who shall thereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

Birth of any child shall occur without the attendance of a physician, and it shall become the duty of the person or persons of such child to be in attendance upon the mother, immediately after the birth, to report the birth to the Registrar of Vital Statistics, in the manner and within the period above required, and any such person who fails to do so shall be liable to a fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

88852

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Seventh
Sex, (state whether male or female) Male
Race or Color, (if not of the white race) _____
Date of Birth, Sept 21 - 1896
Place of Birth, (Street and Number) 20 Chimes St.
Full Name of Mother, Louise Askerman
Mother's Maiden Name, Westerich
Mother's Birthplace, Bavaria
Full Name of Father, Hy Askerman
Father's Occupation, Grocer
Father's Birthplace, Kur-Hesse-Gernig
Name of Medical Attendant, or other Person who makes this Return, Man Korop
Address, 328 1018 South Eutaw St.
Remarks, _____



RETURN OF A BIRTH

88852 1/2

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.)

Sixth,
Male.



1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4 September 21st 1886

4. Place of Birth, (Street and Number)

449 Druid Hill Avenue,

5. Full Name of Mother,

Hermania Bagnall,

6. Mother's Maiden Name,

Hermania Nyer,

7. Mother's Birthplace,

Germany.

8. Full Name of Father,

Robert S. Bagnall,

9. Father's Occupation,

Salesman,

10. Father's Birthplace,

Scotland.

Name of Medical Attendant, or other Person who makes this Return

Saml. C. Powell M.D.

Address,

429 Asquith Street.

Remarks,

of the parents, and the maiden name of the mother of each child or children.

RETURN OF A BIRTH

88853

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Third

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Sept. 21st 1886.

4. Place of Birth, (Street and Number)

338 Pine Ave

5. Full Name of Mother,

Annie M. S. Starkey

6. Mother's Maiden Name,

Thompson

7. Mother's Birthplace,

Balta. Ky

8. Full Name of Father,

Chas M. A. Starkey

9. Father's Occupation,

Clerk

10. Father's Birthplace,

Balta. Ky

Name of Medical Attendant, or other Person who makes this Return.

J. B. Livingston M.D.

Address,

506 Madison Ave

Remarks,



birth of any child shall occur without the attendance of a physician, or the person or persons attending the birth, shall be liable to a fine of ten (10) dollars for each offense to be recovered.

RETURN OF A BIRTH

88857

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Second (2nd)*

1. Sex, (state whether male or female) *Female*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *September 21st 1886*

4. Place of Birth, (Street and Number) *473 W. Lombard St. Baltimore Md*

5. Full Name of Mother, *Margaret A. Rice*

6. Mother's Maiden Name, *Margaret A. Gorsuch*

7. Mother's Birthplace, *Baltimore Md*

8. Full Name of Father, *Morgan S. Rice*

9. Father's Occupation, *Conductor B. & O. R. R.*

Father's Birthplace, *Cleveland Ohio*

Name of Medical Attendant, *or other Person who makes this Return. Virginia Wheeler*

Address, *Near No. 244 W. Arlington Ave*

Remarks,

of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH 88855

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this return.

Address,

Remarks,



Certificate between the birth and the attendance of a Physician or Practitioner of midwifery, or should no other person be in attendance upon the mother, it shall be the duty of the person or persons of such child to report its birth to the Commissioner of Health, in the manner provided in the printed form required, and any such person or persons who shall be guilty of neglecting to do so, shall be subject to the fine of ten (10) dollars for each offense to be recovered.

RETURN OF A BIRTH 88856

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother. (state whether 1st, 2d, 3d. &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. *Date of Birth.*

4. *Place of Birth, (Street and Number)*

5. Full Name of Mother.

C. *Mother's Maiden Name,*

7. *Mother's Birthplace.*

8. Full Name of Father.

9. *Father's Occupation.*

10. *Father's Birthplace.*

Name of Medical Attendant, or other Person who makes this Return.

Address...

Remarks.

the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should so occur, the person or persons at such child be present its birth to the satisfaction of the jury, in the manner and within the period as herein required, and any such person who shall fail to comply with the provisions of this section, shall be subjected to a fine of ten (\$10) dollars for each offense to be recovered as a forfeitable and recoverable.



RETURN OF A BIRTH ⁸⁸⁸⁵⁷

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

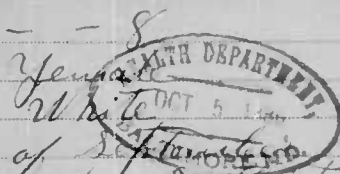
9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,



Female
White

21 of September

550 West Pratt St

Mrs Frederica Birkenyer

Frederica Cramer

Birchbach Norderberg Germany

William Birkenyer

Candy Manufacturer

Birchbach Norderberg Germany

Mrs Schalk

439 West Pratt St

certificate between the first and third day of each and every month, or should an other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall neglect or refuse to comply with the said provisions, shall be deemed to be guilty of a misdemeanor, and for each offense to be liable to a fine of not less than ten nor more than twenty dollars.

88888

[illegible]

First

Female

U.S. DEPARTMENT OF THE ARMY

21st J. M.

Sept 24. 11. Ball St

Mary, Elizabeth

How Murphy

606 1389.51

Charles Her Edward Gibson

March 2nd

J. C. Co. Howard, York St.

Mrs. Lee. v. d. f.

Kraft & Fremont 439

Parents, the date and place of birth, and the sex of each child, and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child, to report its birth in the form of this certificate to the Commissioner of Health, in the manner and to the persons named in the regulations of this section, shall be as follows: In case the fee for each return to be received as other fees and forfeitures are recoverable.

RETURN OF A BIRTH. 88859

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) ~~1~~ 2nd

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth

September 21st 1886

4. Place of Birth, (Street and Number)

139 E. Howard St.

5. Full Name of Mother,

Mary Meyers

6. Mother's Maiden Name,

Bailey

7. Mother's Birthplace,

Baltimore City

8. Full Name of Father,

Charles Meyers

9. Father's Occupation,

Worker at B. & O. Car Shops

10. Father's Birthplace,

Germany

Name of Medical Attendant,

or other Person who makes this Return.

J. W. Lough

Address,

Union Center Bk.

Remarks,

RETURN OF A BIRTH 88861

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

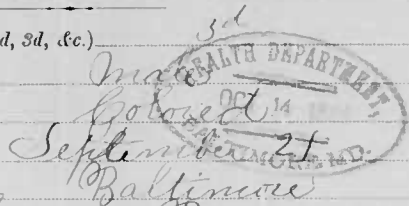
9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,



Susan Burgess

Joseph Burgess

Hodd Garner
Baltimore

Sarah Rollins

For each child, the date and place of birth, and the said schedule shall be delivered, duly signed by the parent or person in whose name the child is born, to the Registrar of Vital Statistics, Baltimore City, within the time specified in the schedule, and the parent or person in whose name the child is born, shall be in attendance upon the birth of any child shall occur without the attendance of a Physician or practitioner of medicine, or should no other person be in attendance upon the birth of any child, the parent or person in whose name the child is born, shall be liable to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

85562

[illegible]

12

Male

White

22

Federal Street and Boston Ave

Emma Rogers

Emma Nelson

Baltimore

Charles Bongers

Contractors

Baltimore

With Love & Blessings

Chester Street near Bell Air ave

Remarks,

RETURN OF A BIRTH 88863

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Sixth*

1. Sex, (state whether male or female) *boy*

2. Race or Color, (if not of the white race) *white Italian*

3. Date of Birth. *Sept 22 / 1886*

4. Place of Birth, (Street and Number) *20 Wyomung St*

5. Full Name of Mother. *Katie Danello*

6. Mother's Maiden Name. *Katie Brienne*

7. Mother's Birthplace. *Genoa*

8. Full Name of Father. *Antonio Danello*

9. Father's Occupation. *Fruit merchant*

10. Father's Birthplace. *Messina*

Name of Medical Attendant, or other Person who makes this Return. *Wm. Bryn B. Galvorn*

Address. *1228 N. Trinitatis St Baltimore*

Remarks. *119*



Parents, the date and place of birth, sex, race or color, and whether the child is legitimate or illegitimate, and every month to the office of the Registrar of Births. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons so required, and any such person report its birth to the Registrar of Births, in the manner and within the period above required, and any such person or persons who shall hereinafter fail to comply with the provisions of this section, shall be subject to the fine of ten (10) dollars for each offense to be recovered as other laws and ordinances are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

7th Child

Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

Colored

3. Date of Birth,

22nd of September

4. Place of Birth, (Street and Number)

2 Oyster Alley

5. Full Name of Mother,

Lucydia Ann Smith

6. Mother's Maiden Name,

Lucydia Ann Jackson

7. Mother's Birthplace,

Essex County Virginia

8. Full Name of Father,

Harri Smith

9. Father's Occupation,

A Steam Boat Man

10. Father's Birthplace,

Eastern Shore Maryland

Name of Medical Attendant, or other Person who makes this Return

Mary Queen

Address,

4 Redman's Ct

Remarks,



parents, the date and place of birth, and the date of the first and third day of each and every month to the Office of the Commissioner of Health. In case the certificate between the first and third day of each and every month to the Office of the Commissioner of Health, or physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons so named and any such person report his birth to the Commissioner of Health, the penalty for the failure to do so shall be a fine of not less than \$10 nor more than \$50, and any such person or persons who shall be convicted of this offense shall be liable to the fine of \$10 dollars for each offense to be recovered in other fines and forfeitures are recoverable.

RETURN OF A BIRTH

88865
88865

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Seventh Child*

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

September 22nd

4. Place of Birth, (Street and Number)

No. 69 Park St.

5. Full Name of Mother,

Senge Lindner

6. Mother's Maiden Name,

Gart

7. Mother's Birthplace,

Germany

8. Full Name of Father,

John Lindner

9. Father's Occupation,

Coal Miner

10. Father's Birthplace,

Germany

Name of Medical Attendant, or other Person who makes this Return.

Mr. Wiley

Address,

No. 30

Patterson Park Ave.

Remarks,



88566

re City.

101

Female

Mr. Kett

22nd of Sep.

1013 h. Carolina

Julie Constance

11 Gordon

Baltimore

John Constance

super-hanger

Kaltman

Henry J. Walters

Lepidoptera

Remarks,

[illegible]

888 69

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.).....2

1. Sex. (state whether male or female)

Female

2. Race or Color, (if not of the white race)

3. *Date of Birth.*

22 Sept

4. *Place of Birth, (Street and Number)*

J B Guerin

5. Full Name of Mother.

Geize Schabament

6. *Mother's Maiden Name.*

Don't

7. *Mother's Birthplace,*

Italy

8. *Full Name of Father,*

Spöckel Schabament

9. *Father's Occupation,*

Fruit-merchant

10. *Father's Birthplace,*

Italy

Name of Medical Attendant, or other Person who makes this Return.

Sarah Casper

Address,

2. C. Lantharol

Remarks.

ascertained the full names of each child, his or her date of birth, sex, age, parents, the date and place of birth, mother's residence, and schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each month to the office of the Commissioner of Health. In case the whereabouts of any child shall have been without the attendance of a physician or other officer of health for more than one month or periods of such length as to prevent its birth to the Commissioner of Health, in the manner and within the time required, and any such person or persons who shall thereafter fail to comply with the provisions of this section, shall be subject to the fine of ten (\$10) dollars for each offense to be recovered as penalties and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

First

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Sept. 22d 1886

4. Place of Birth, (Street and Number)

Notisite, 1134 115 W. Lombard St.

5. Full Name of Mother,

Ida Englebright

6. Mother's Maiden Name,

Do.

7. Mother's Birthplace,

Na.

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

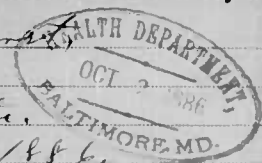
Name of Medical Attendant, or other Person who makes this Return.

L. F. Quirk. M.D.

Address,

1134 115 W. Lombard St.

Remarks,



For each offense to be recovered as other fines and forfeitures are recoverable.

888

[illegible]

U.S. ...

- Sept 25th 1896
J. C. Tanner &
Messrs A. J. Curran
" " " " " "
Baltimore
Wm. H. Curran
Lafayette
Washington
James E. McKee
Rivers St. L.
- HEALTH DEPARTMENT,
BALTIMORE, MD.

00
11
Henderson, Robert
Henderson, Robert

Helen L. ...

[illegible]

RETURN OF A BIRTH ⁸⁸⁸⁷⁸

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Second

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Sept. 22nd

4. Place of Birth, (Street and Number)

375 E. Gay St. Baltimore Md.

5. Full Name of Mother,

Mrs. Ella Hallin.

6. Mother's Maiden Name,

Lewis.

7. Mother's Birthplace,

Dorchester Co. Md.

8. Full Name of Father,

Wm. H. Hallin.

9. Father's Occupation,

Mariner

10. Father's Birthplace,

Dorchester Co. Md.

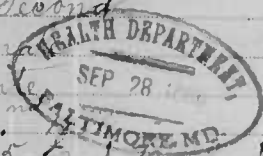
Name of Medical Attendant, or other Person who makes this Return.

Alb. Munnick

Address,

305 E. Pratt St. Baltimore 1894

Remarks,



Births occurring between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth occurs on the first or third day of the month, the birth shall be reported to the Commissioner of Health on the day of the birth. In case the birth occurs on the second day of the month, the birth shall be reported to the Commissioner of Health on the third day of the month. The person or persons who shall be responsible for the reporting of births to the Commissioner of Health, in the manner and within the time prescribed by the provisions of this section, shall be liable for each offence to be liable to the fine of ten (10) dollars.

RETURN OF A BIRTH 88874

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd Child

1. Sex, (state whether male or female) *Female*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *Sept. 22, 1886*
4. Place of Birth, (Street and Number) *East B. No 67*
5. Full Name of Mother, *Mina L. Weisheit*
6. Mother's Maiden Name, *Mina L. Imment*
7. Mother's Birthplace, *Balt^{ic} City*
8. Full Name of Father, *Heinrich T. Weisheit*
9. Father's Occupation, *Trunkmaker*
10. Father's Birthplace, *Balt^{ic} City*

Name of Medical Attendant, or other Person who makes this Return, *Mary E. Müller*
Address, *N. Dallas St. No 28*

Remarks,



certificates between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or resident, the mother shall be in attendance upon the mother, immediately thereafter it shall become the duty of the mother to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person who shall fail to comply with the provisions of this section, shall be subject to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

ffff0

parent, the date and place of birth, and the sex of the child, and to provide such information to the Commissioner of Health. In case the certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person report it forth to the Commissioner of Health, it shall become the duty of the parent or parents of such child, or of the mother, immediately thereafter, in the manner and within the period as required, and any such person who shall fail to comply with the provisions of this section, shall be deemed to be in violation of the fine of ten (10) dollars as other fines and forfeitures a recoverable.

signal

Sept 22. 1386

2. Abgrenzung des Bereichs

Scholastika Hoffmann

11. Kiche

Герману

Germany
Richard Hoffeld

Stony Cutter

Судебному

Caroline Miller

#5 Walker St Balto. Md

3



RETURN OF A BIRTH 85881

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

of the parents, and the maiden name of the mother of each child or children."

1. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Second child*

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race) *Colored*

3. Date of Birth, *22*

4. Place of Birth, (Street and Number) *No 9 Hamilton*

5. Full Name of Mother, *Mary Traeger*

6. Mother's Maiden Name, *Mary Clark*

7. Mother's Birthplace, *Rappahannock Co Va*

8. Full Name of Father, *James S Traeger*

9. Father's Occupation, *Writer*

10. Father's Birthplace, *Richmond, Va.*

Name of Medical Attendant, *Mrs C Jones*
or other Person who makes this Return

Address,

Remarks,



RETURN OF A BIRTH

88887

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female) *Female*

2. Race or Color, (if not of the white race) *Colored*

3. Date of Birth, *Sept 22*

4. Place of Birth, (Street and Number) *117 York St*

5. Full Name of Mother, *Emma Thomas*

6. Mother's Maiden Name, *Emma Gray*

7. Mother's Birthplace, *Baltimore City*

8. Full Name of Father, *Augustus Saul Thomas*

9. Father's Occupation, *Porter*

10. Father's Birthplace, *Baltimore City*

Name of Medical Attendant, or other Person who makes this Return, *Sarah Wilson*

Address, *252 Huguenot*

Remarks,



Birth of any child shall occur without the attendance of a Physician or midwife, or should no other person be in attendance upon the mother, immediately after the birth, in the manner and within the period above required, and any such person report the birth to the Commissioner comply with the provisions of this section, shall be fined to the fine of ten (10) dollars or persons who shall be fined as above, and as other date and forfeitures are recoverable.

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the given name of the mother of such child or child-

RETURN OF A BIRTH.

88883

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

1st

1. Sex (state whether Male or Female)

Male

2. Race or Color (if not of the white race)

Colored

3. Date of Birth

22nd

4. Place of Birth (Street and Number)

20 S. Trillon St.

5. Full Name of Mother

Amanda Backlund

6. Mother's Maiden Name

Amanda Backlund

7. Mother's Birthplace

Swed

8. Full Name of Father

Charles Stiles

9. Father's Occupation

Trailer

10. Father's Birthplace

Swed

Name of Medical Attendant, or other Person who makes this Return.

R. M. Hall

Address

1019 D. Hill

Remarks



In case the birth of a child occurs on the first and third day of each and every month to the office of the Commissioner of Health, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall be found to fail to comply with the provisions of this section, shall be liable to the fine of ten (10) dollars for each offense to which they shall be liable, and as other fines and forfeitures are recoverable.

RETURN OF A BIRTH ⁸⁸⁸⁸¹

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,



22

Sept

No 9014

Jordan ally

1111

Lizzie

Cornish

Baltimore

John Thomas Booz

Palace Porter

Baltimore

Luz

Cornish

906

Jordan ally

RETURN OF A BIRTH

88886

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Sept 22nd 86

4. Place of Birth, (Street and Number)

178 Johnson St

5. Full Name of Mother,

Clara J Stranley

6. Mother's Maiden Name.

Clara Roach

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Geo. D. Stranley

9. Father's Occupation,

Wagon Finisher

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return.

D. S. Phillips

Address,

Remarks,

certificates between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child, to report his birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subject to the fine of ten (10) dollars for each offense to be recovered as other dues and penalties are recoverable.

RETURN OF A BIRTH 88888

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, SEP 25 1898

4. Place of Birth, (Street and Number) 609 Cambridge St Baltimore, Md.

5. Full Name of Mother, Mary Talker

6. Mother's Maiden Name, Mary Walker

7. Mother's Birthplace, Baltimore

8. Full Name of Father, William Talker

9. Father's Occupation, Driver

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this return. Salina Grishaker

Address, W. 121 West St

Remarks, _____



Certain acts between the first and last may be at any time, and the physician or person attending the birth of any child shall occur without the attendance of a physician or person attending the birth of the child, and the date of the birth of the child shall be reported to the Office of Registrar of Vital Statistics, Board of Health, Baltimore City, within the time specified in the provisions of this section, and any such person who fails to comply with the provisions of this section, shall be liable to the fine of ten (10) dollars for each offense to be recovered.

birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance, the person immediately thereafter it shall become the duty of the person or persons of such child to be in attendance to the Registrar of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered.

RETURN OF A BIRTH

88889

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,



RETURN OF A BIRTH 88890

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth, Sep 10 1888

4. Place of Birth, (Street and Number) Baltimore Light St No 534

5. Full Name of Mother, Elizabeth A. Hatherly

6. Mother's Maiden Name, 24811

7. Mother's Birthplace, Prince George's Md

8. Full Name of Father, Harry Edgar Hatherly

9. Father's Occupation, laborer

10. Father's Birthplace, Prince George's Co Md

Name of Medical Attendant, Elizabeth Hatherly

Address, Light St No 534

Remarks,

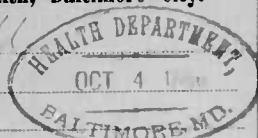
birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child to report its birth to the Commissioner of Health, in the manner and within the period herein required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be considered as having committed an offense for each offense to be



RETURN OF A BIRTH 88891

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 115 child



1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race)

3. Date of Birth, September 2, 1888

4. Place of Birth, (Street and Number) 157 N. Mulberry Alley

5. Full Name of Mother, Mary Miller

6. Mother's Maiden Name, Taylor

7. Mother's Birthplace, Baltimore City

8. Full Name of Father, John Miller

9. Father's Occupation, Taylor

10. Father's Birthplace, Baltimore City

Name of Medical Attendant, or other Person who makes this Return, Lizzy Taylor

Address, 120 N. Paul St.

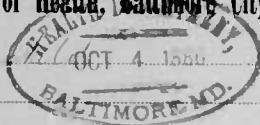
Remarks,

be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child to
report the same to the Registrar of Health, in the manner and within the period above required, and any such person
or persons who shall neglect or fail to do so, shall be subject to the fine of ten (10) dollars
for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH ⁸⁸⁸⁹²

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st



1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) _____

3. Date of Birth, September 22 1900

4. Place of Birth, (Street and Number) 15 Cambridge St

5. Full Name of Mother, Lizzy S. Lusk

6. Mother's Maiden Name, Meinich

7. Mother's Birthplace, Germany

8. Full Name of Father, Henry Lusk

9. Father's Occupation, Carpenter

10. Father's Birthplace, Germany

Name of Medical Attendant, or other Person who makes this Return, Lizzy Lusk

Address, 120 Cambridge St

Remarks, _____

RETURN OF A BIRTH 88893

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2
1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, September 10th 1888
4. Place of Birth, (Street and Number) Gilman St. Baltimore
5. Full Name of Mother, Clarra E. Herbert
6. Mother's Maiden Name, Clarra E. Leck
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Harvey B. Herbert
9. Father's Occupation, Clerk
10. Father's Birthplace, Baltimore
- Name of Medical Attendant, or other Person who makes this Return, Mrs. S. Kelley
- Address, 10 177 North St.
- Remarks,



birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the parent or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 11th

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, Sept. 23rd 1886

4. Place of Birth, (Street and Number) 1107 N. Eden St.

5. Full Name of Mother, Josephine Snowman

6. Mother's Maiden Name, Krieger

7. Mother's Birthplace, City

8. Full Name of Father, Ed. Snowman

9. Father's Occupation, Labourer

10. Father's Birthplace, City

Name of Medical Attendant, or other Person who makes this Return, E. B. Jenby, M. D.

Address, 1201 N. Eden St.

Remarks,



Birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance, the person or persons of such child, to be in attendance, shall be the duty of the person or persons of such child, to be in attendance, and any such person or persons who shall be present at the birth of such child, shall be subject to the fine of ten (10) dollars for each offence to be incurred.

RETURN OF A BIRTH ⁸⁸⁸⁹⁵ _{over}

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name - Catherine

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) The tenth child

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, Sep 23

4. Place of Birth, (Street and Number) 44 Unity St.

5. Full Name of Mother, Catherine Kelly

6. Mother's Maiden Name, Catherine Kelly

7. Mother's Birthplace, County Galway Ireland.

8. Full Name of Father, John Kelly

9. Father's Occupation, Labor

10. Father's Birthplace, County Galway Ireland.

Name of Medical Attendant, or other Person who makes this Return.

Address, 21 N. Poppelton St.

Remarks,



Birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should any other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of whom child is reported to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subject to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 88576

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)



1. Sex, (state whether male or female)

Ninth Female

2. Race or Color, (if not of the white race)

3. Date of Birth,

Sep 23 1886

4. Place of Birth, (Street and Number)

No 286-913 Mc Donogh St

5. Full Name of Mother,

Sarah F. Fogle

6. Mother's Maiden Name,

" " Boraw

7. Mother's Birthplace,

Balto

8. Full Name of Father,

John H. Fogle

9. Father's Occupation,

Painter

10. Father's Birthplace,

Balto

Name of Medical Attendant, or other Person who makes this Return.

Mary A Allwell

Address, *912 Mc Donogh St*

Remarks,

Birth of any child shall occur without the attendance of a Physician or practitioner of midwifery or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the parent or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be liable to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 88897

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, Sept 13 1888

4. Place of Birth, (Street and Number) 12 Walnut St

5. Full Name of Mother, Maggie Grebe

6. Mother's Maiden Name, Weiden

7. Mother's Birthplace, Balto Md

8. Full Name of Father, August Grebe

9. Father's Occupation, cigar maker

10. Father's Birthplace, Balto Md

Name of Medical Attendant, or other Person who makes this Return, Mrs A. Prescote

Address, 123 Mosher St

Remarks,

Birth of any child occurring within the limits of the city of Baltimore shall be reported to the Registrar of Vital Statistics, Board of Health, by the person or persons who shall have been in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subject to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 1887

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *3th*

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Sept. 28

4. Place of Birth, (Street and Number)

No. 10

5. Full Name of Mother,

Josephine

6. Mother's Maiden Name,

Williams

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

William

9. Father's Occupation,

Engineer

10. Father's Birthplace,

Prussia

Name of Medical Attendant, or other Person who makes this Return,

A. J. Jones

Address,

No. 10

Remarks,



be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child to report the birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subject to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 88899

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, Sept 23/86

4. Place of Birth, (Street and Number) 409, Croft St

5. Full Name of Mother, Maggie Heurck

6. Mother's Maiden Name, Emerick

7. Mother's Birthplace, Germany

8. Full Name of Father, Bernard Heurck

9. Father's Occupation, Grocer

10. Father's Birthplace, Germany

Name of Medical Attendant, or other Person who makes this Return, Dr. R. H. Harshbarger

Address,

Remarks, This was a miscarriage at 4th 5 months

The baby lived about 7 days after birth.



be in attendance upon the mother, immediately thereafter if shall become the duty of the person or persons of such child to report the birth to the nearest officer of the Health Department, and if such officer shall be absent, the duty shall be performed by the nearest officer of the Health Department, and if such officer shall be absent, the duty shall be performed by the nearest officer of the Health Department, and if such officer shall be absent, the duty shall be performed by the nearest officer of the Health Department.

RETURN OF A BIRTH

88900

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

3rd.

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

September 23rd 1886.

4. Place of Birth, (Street and Number)

N.W. Cor. Lombard & Market Sts.

5. Full Name of Mother,

Cabella H. Collins

6. Mother's Maiden Name,

Cabella Hilly

7. Mother's Birthplace,

Balti. Md.

8. Full Name of Father,

Chas. H. Collins

9. Father's Occupation,

Carrier of The Morning Herald

10. Father's Birthplace,

Balti. Md.

Name of Medical Attendant, or other Person who makes this Return.

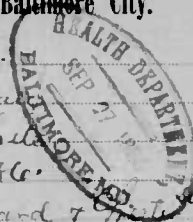
Wilmer Brinton M.D.

Address,

Chas. St. & Forest Place

Remarks,

be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child to report the birth to the Commission and within the period above required, and any person who fails to do so shall be liable for each offense to be punished as other fines and forfeitures are recoverable.



RETURN OF A BIRTH ⁸⁸⁹⁰¹

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Third Child*

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *23rd Sept 1886*

4. Place of Birth, (Street and Number) *18 Harris Alley*

5. Full Name of Mother, *Emmie Seifert*

6. Mother's Maiden Name, *Full*

7. Mother's Birthplace, *Baltimore*

8. Full Name of Father, *Henry Seifert*

9. Father's Occupation, *Labors*

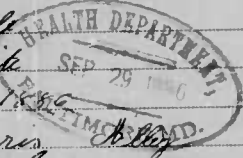
10. Father's Birthplace, *Baltimore*

Name of Medical Attendant, or other Person who makes this Return. *Mr. Wiley*

Address, *No. 36 Patterson Park Sw.*

Remarks,

be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any adult person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of \$10 for each offense to be recovered as other fines and forfeitures are recoverable.



RETURN OF A BIRTH 88902

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *first*

1. Sex, (state whether male or female) *female*

2. Race or Color, (if not of the white race) *black*

3. Date of Birth, *23 September*

4. Place of Birth, (Street and Number) *Baltimore 289 Lafayette St*

5. Full Name of Mother, *Nellie Jones*

6. Mother's Maiden Name, *Nellie Warters*

7. Mother's Birthplace, *easton shore Md*

8. Full Name of Father, *William Jones*

9. Father's Occupation, *repairing man*

10. Father's Birthplace, *easton shore Md*

Name of Medical Attendant, or other Person who makes this Return, *Mrs. G. S. Lang*

Address, *15 Carroll St*

Remarks,



Birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or attend on either person be in attendance, shall be immediately thereafter it shall become the duty of the person or persons of such child, to report the same to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be

RETURN OF A BIRTH

88903

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *First*

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *Sept. 23^d 1886.*

4. Place of Birth, (Street and Number) *146 Division St.*

5. Full Name of Mother, *Ida Kevins*

6. Mother's Maiden Name, *King*

7. Mother's Birthplace, *Balto. City*

8. Full Name of Father, *Joseph Kevins*

9. Father's Occupation, *Police Officer*

10. Father's Birthplace, *Balto. City*

Name of Medical Attendant, or other Person who makes this Return, *Dr. Christian M. M.*

Address, *506 Madison Ave*

Remarks,



be in attendance upon the mother, immediately hereafter it shall become the duty of the person or persons of such child to report its birth to the Registrar of Vital Statistics, in the manner and within the period above required, and any such person or persons who fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other data and forfeitures are recoverable.

RETURN OF A BIRTH 88904

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th.

1. Sex, (state whether male or female) Boy

2. Race or Color, (if not of the white race) White

3. Date of Birth, Thursday Sept. 23rd 1886

4. Place of Birth, (Street and Number) 80 E. Hoffman St

5. Full Name of Mother, Mary E. McKenna

6. Mother's Maiden Name, Mary E. Leun

7. Mother's Birthplace, Philad, Pa

8. Full Name of Father, Michael McKenna

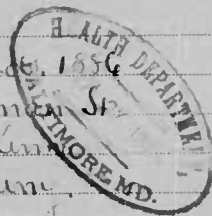
9. Father's Occupation, Police Officer

10. Father's Birthplace, Ireland

Name of Medical Attendant, or other Person who makes this Return, William Brinton M.D.

Address, Chau St 1st Floor

Remarks, Place



be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child to report the birth of the child to the Registrar of Vital Statistics, Board of Health, Baltimore City, within the period above required, and any such person who shall hereafter fail to comply with the provisions of this section, shall be subject to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 88905

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

4th

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

3. Date of Birth,

Sept 23rd 1886

4. Place of Birth, (Street and Number)

725 W. Fayette St.

5. Full Name of Mother,

Emma Reindel

6. Mother's Maiden Name,

Emma Eibner

7. Mother's Birthplace,

Baltimore Md

8. Full Name of Father,

Charles Frederick Reindel

9. Father's Occupation,

clerk

10. Father's Birthplace,

Baltimore Md

Name of Medical Attendant, or other Person who makes this Return

Mrs. Sebeach

Address,

439 W. Pratt St

Remarks,



be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons who shall report the birth to the Registrar of Health, in the manner and within the period above required, and any such person or persons who shall disregard the provisions of this section, shall be subject to the fine of ten (\$10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH ⁸⁸⁹⁰⁶

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3th

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, 22 Sept

4. Place of Birth, (Street and Number) 39 Cannon St

5. Full Name of Mother, Geo. Galt

6. Mother's Maiden Name, Giese

7. Mother's Birthplace, Balt.

8. Full Name of Father, Michael Giese

9. Father's Occupation, Labeler

10. Father's Birthplace, Balt.

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,



Mrs. E. Weiss
424 Lancaster St.

to be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such, called to report its birth to the Registrar of Vital Statistics, and within the period above required, and any such person who fails to do so, shall be liable to a fine of ten dollars for each offense to be recovered by the Registrar of Vital Statistics.

RETURN OF A BIRTH ⁸⁸⁹⁰⁷

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

3^d

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

3. Date of Birth,

Sept 23rd 1888

4. Place of Birth, (Street and Number)

40 Sassafras St

5. Full Name of Mother,

Mary E Gray

6. Mother's Maiden Name,

7. Mother's Birthplace,

Balto Md

8. Full Name of Father,

Zachariah Gray

9. Father's Occupation,

Painter

10. Father's Birthplace,

Balto Md

Name of Medical Attendant, or other Person who makes this Return.

Geo R Graham

Address,

136 Columbia ave

Remarks,

be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall fail to comply with the provisions of this section, shall be subject to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 88908

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,



be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons at such called to report its birth shall be required to comply with the provisions of this section, and any such person for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH ⁸⁸⁹⁰⁹

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9th

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, September the 23rd 1886

4. Place of Birth, (Street and Number) Gay st. No. 1538

5. Full Name of Mother, Kattie Grubertgel

6. Mother's Maiden Name, Kattie Grohmann

7. Mother's Birthplace, Germany

8. Full Name of Father, George Grubertgel

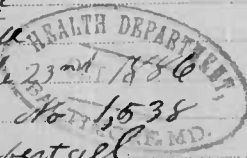
9. Father's Occupation, Wheel Waight

10. Father's Birthplace, Germany

Name of Medical Attendant, or other Person who makes this Return. Mrs. Burns

Address, No. 6 Chester st. near Belair road

Remarks,



For each offence to be punished as other fines and forfeitures are recoverable, shall be subjected to the fine of ten (10) dollars

RETURN OF A BIRTH 88910

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Colored

2. Race or Color, (if not of the white race) male

3. Date of Birth, September 18 1885

4. Place of Birth, (Street and Number) Baltimore

5. Full Name of Mother, Rachel Fuller

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father, Joseph Fuller

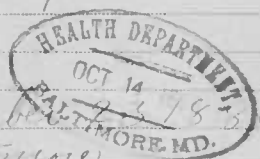
9. Father's Occupation,

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return, Sarah K. Rollins

Address,

Remarks,



be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child, to report its birth to the Commissioner of Health, in the manner and within the period there required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other laws and ordinances are recoverable.

RETURN OF A BIRTH 88911

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,



be in attendance upon the mother immediately thereafter it shall become the duty of the person or persons of such child to
or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars
for each offense to be recorded as other fines and forfeitures are recordable

he is attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 88912

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

J. Wilbur Coster

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

24 of September 1886

4. Place of Birth, (Street and Number)

No 156 West St

5. Full Name of Mother,

Mary Coster

6. Mother's Maiden Name,

Mary Smith

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

William Coster

9. Father's Occupation,

Cinner

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return.

Edw. J. Gushkin

Address,

No 108 West St

Remarks,

born, its or their physical condition, whether still born or not, the full name of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

88914

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

3rd

1. Sex (state whether Male or Female)

Male

2. Race or Color (if not of the white race)

White

3. Date of Birth

Sept 24th 1886

4. Place of Birth (Street and Number)

127 iddington

5. Full Name of Mother

Martha Garrison

6. Mother's Maiden Name

Martha Wilson

7. Mother's Birthplace

New York

8. Full Name of Father

Wm. G. Garrison

9. Father's Occupation

Clerk

10. Father's Birthplace

Maryland

Name of Medical Attendant, or other Person who makes this Return.

Thos. J. Kattner M.D.

Address

371 iutaw Place

Remarks No anæsthetic. No troubles



RETURN OF A BIRTH ⁹⁸⁹¹⁵

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st
1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, 24th Sept.
4. Place of Birth, (Street and Number) 13 N. Collington Ave
5. Full Name of Mother, Mollie Ellen Price
6. Mother's Maiden Name, Smith
7. Mother's Birthplace, State of Delaware
8. Full Name of Father, Gilbert Charles Nathaniel Price
9. Father's Occupation, Farmer
10. Father's Birthplace, Charles Co. Md.
- Name of Medical Attendant, or other Person who makes this Return, E. P. Brown M.D.
- Address, 1823 Ave. G. Balt. Ct. St.
- Remarks, _____



be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child, to report its birth to the Registrar of Vital Statistics, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this act, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH ⁸⁸⁹¹⁶

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st.

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White.

3. Date of Birth, September 24.

4. Place of Birth, (Street and Number) No 24 Saccap

5. Full Name of Mother, Ida Miller

6. Mother's Maiden Name, Warrington.

7. Mother's Birthplace, Balto. City.

8. Full Name of Father, John Miller.

9. Father's Occupation, Machinist

10. Father's Birthplace, Balto. City.

Name of Medical Attendant, or other Person who makes this Return.

Address, N. E. Columbia & Fremont Aves.

Remarks, Child in good physical condition & living



be in attendance upon the mother, immediately thereafter, it shall become the duty of the person or persons of such child, to report to the Registrar of Vital Statistics, Board of Health, in the manner and within the period above required, and any such person who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH ⁸⁹⁹¹⁷

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Sept. 24 1876

4. Place of Birth, (Street and Number)

14 N. Chute

5. Full Name of Mother,

Mena ~~XXXX~~ Lucks

6. Mother's Maiden Name,

Mena Klippe

7. Mother's Birthplace,

Prussia

8. Full Name of Father,

Capt. John Fox

9. Father's Occupation,

Soldier

10. Father's Birthplace,

MD

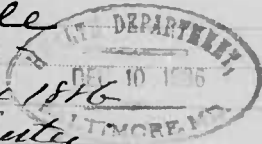
Name of Medical Attendant, or other Person who makes this Return

A. B. Twiss MD

Address,

Remarks,

should act either person be at all times upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, Baltimore City, within the period above required, except in the cases of the births and deaths of illegitimate children, and in such cases the person or persons who shall be required to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered on other fines and penalties are recoverable.



RETURN OF A BIRTH

88918

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

3. Date of Birth,

24 Sept

OCT 4

4. Place of Birth, (Street and Number)

133 Orleans

5. Full Name of Mother,

Christina Kern

6. Mother's Maiden Name,

Gude

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Henry Kern

9. Father's Occupation,

Working man

10. Father's Birthplace,

Baltimore

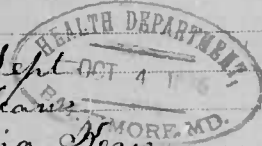
Name of Medical Attendant, or other Person who makes this Return.

Sarah Casper

Address,

72 E. Lombard

Remarks,



report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this act, shall be subjected to the fine of \$10 dollars for each offense to be recovered as other fines and forfeitures are recoverable.

should not other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the birth and death of illegitimate children, and any person who shall neglect to comply with the provisions of this section shall be subject to a fine of not less than \$10 nor more than \$50, and such offense, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 32

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race)

3. Date of Birth, Sept 24 1886

4. Place of Birth, (Street and Number) 280 Madison Street

5. Full Name of Mother, Mary Ann Galbraith

6. Mother's Maiden Name, Davis

7. Mother's Birthplace, England

8. Full Name of Father, Wm. E. Galbraith

9. Father's Occupation, Clerk apt.

10. Father's Birthplace, Baltimore Md

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,



W. H. Barnes M.D.
284 N. Lincoln Street

report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH ⁸⁸⁹²⁰

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

3. Date of Birth,

24 September

4. Place of Birth, (Street and Number)

76 Giantz

5. Full Name of Mother,

Lizzie Miles

6. Mother's Maiden Name,

Spillman

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

William Miles

9. Father's Occupation,

Bottler

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return.

Sarah Casper

Address,

72 E. Lombard

Remarks,



RETURN OF A BIRTH ⁸⁸⁹²¹

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *First*
1. Sex, (state whether male or female) *Male.*
2. Race or Color, (if not of the white race) *White.*
3. Date of Birth, *Sept 24th*
4. Place of Birth, (Street and Number) *Maternity, 1134 1/2 N. Lombard St.*
5. Full Name of Mother, *Hinnie Rogers,*
6. Mother's Maiden Name, *B. O.*
7. Mother's Birthplace, *Maryland.*
8. Full Name of Father,
9. Father's Occupation,
10. Father's Birthplace,
- Name of Medical Attendant, or other Person who makes this Return. *J. F. Ankrim, M.D.*
- Address, *1134 1/2 N. Lombard St.*
- Remarks,



Report the birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 88922

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,



report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH ⁸⁸⁹²³

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, 24th September

4. Place of Birth, (Street and Number) 103 Biddle St

5. Full Name of Mother, Mary M. Cook

6. Mother's Maiden Name, Mary A. Nagara

7. Mother's Birthplace, Baltimore

8. Full Name of Father, William M. Cook

9. Father's Occupation, Carter

10. Father's Birthplace, Baltimore

Name of Medical Attendant, Mrs Bang or other Person who makes this Return.

Address, 420 Cross St

Remarks,



report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this act, shall be subject to the fine of five (\$5) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other laws and ordinances are recoverable.

RETURN OF A BIRTH

88924

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

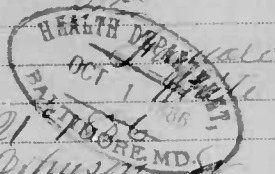
9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,



Sept 21 1886
24 Pittston
Jennie Gladfetter
Jennie Cook
Baltimore
Chris Gladfetter
Machinist
Wm
1634 10th St, Wm
32 Warren av

report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of \$10 dollars for each offense in be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH ⁸⁸⁹³⁵

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,



Sept 24 1888
69 Johnson St
Josephine Harrison
Josephine Benton
Ind
Benton Harrison
Laborer
Ind
H. B. Noble M.D.
58 Warren av

RETURN OF A BIRTH 88926

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race)

3. Date of Birth, Apr 24 - 1886

4. Place of Birth, (Street and Number) 1433 E. Lombard St

5. Full Name of Mother, Elta Smith

6. Mother's Maiden Name, Gardner

7. Mother's Birthplace, Baltimore

8. Full Name of Father, John Smith

9. Father's Occupation, Tobacco Dealer

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return, Mary Steiner

Address, 1433 E. Pratt St

Remarks,



Report the birth to the Commissioner of Health, in the manner and within the period above required, and pay each person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 88927

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, September 1st

4. Place of Birth, (Street and Number) Baltimore, 2nd St. 1622

5. Full Name of Mother, Clara E. Luby

6. Mother's Maiden Name, Walker

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Thomas J. Luby

9. Father's Occupation, Carpenter

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return, Elizabeth Katherin

Address, Light St. 1622

Remarks,



report the birth to the Commissioner of Health, in the manner and within the period above required, and any such person who shall be found to have failed to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH ⁸⁸⁹²⁸

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st.

1. Sex, (state whether male or female) male

2. Race or Color, (if not of the white race) white

3. Date of Birth, Sept. 24

4. Place of Birth, (Street and Number) 164 S. E. 1st St.

5. Full Name of Mother, Mary Weisgerbo

6. Mother's Maiden Name, Stein

7. Mother's Birthplace, Balt.

8. Full Name of Father, William Stein

9. Father's Occupation, box-maker

10. Father's Birthplace, Balt.

Name of Medical Attendant, or other Person who makes this Return, C. L. Brudenel

Address, 166 S. Paca St.

Remarks,



be in attendance upon the mother, immediately thereafter, it shall become the duty of the person or persons of each child in
report his birth to the Registrar of Vital Statistics, Board of Health, Baltimore City, and also to the City and County
or persons of each child, and the person or persons of each child, shall be subjected to the fine of ten (10) dollars
for each offense to be recovered as other laws, and forfeitures are recoverable.

RETURN OF A BIRTH ⁸⁸⁹²⁹

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.) 7th

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth. Baltimore Sept 24th 1886

4. Place of Birth, (Street and Number) 91 S. Chappel St.

5. Full Name of Mother. Annigunda Poly

6. Mother's Maiden Name, Annigunda Poly

7. Mother's Birthplace, Germany

8. Full Name of Father. John Poly

9. Father's Occupation, Laborer

10. Father's Birthplace, Germany

Name of Medical Attendant, or other Person who makes this Return. Mrs. Mary Amend.

Address, 2376 North Wolfe St.

Remarks, (C)



See instructions upon the mother, immediately thereafter it shall become the duty of the person or persons of such child to
 a return to the Commissioner of Health, in the manner and within the period above required, and any such person
 or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars
 for each offense to be recovered as other fines and forfeitures are recoverable.

report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of five (10) dollars for each offense to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH ⁸⁸⁹³⁰

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) male
 2. Race or Color, (if not of the white race) white
 3. Date of Birth, September 24 1886
 4. Place of Birth, (Street and Number) III Albemarle St.
 5. Full Name of Mother, Dorah Fischer
 6. Mother's Maiden Name, Dorah Kram
 7. Mother's Birthplace, Russia
 8. Full Name of Father, Asriel Fischer
 9. Father's Occupation, Furniture dealer.
 10. Father's Birthplace, Russia
- Name of Medical Attendant, or other Person who makes this Return, W. Scherman
- Address, Albemarle St. at 103
- Remarks, _____



RETURN OF A BIRTH 88931

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2nd, 3rd, etc.)

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Sept 24th 1886.

4. Place of Birth, (Street and Number)

623 (Old No) St. Fayette st

5. Full Name of Mother,

Callie. Hoff.

6. Mother's Maiden Name,

Callie. Chickering.

7. Mother's Birthplace,

B. C.

8. Full Name of Father,

Henry Hoff.

9. Father's Occupation,

Merchant.

10. Father's Birthplace,

B. C.

Name of Medical Attendant, or other Person who makes this Return

Amos F Hill M.D.

Address,

17. N. Calhoun st

Remarks.

RETURN OF A BIRTH

88932

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Sept 24/86

4. Place of Birth, (Street and Number)

395 Centre St. No. 15

5. Full Name of Mother,

Jessie L. Smith

6. Mother's Maiden Name,

Walters

7. Mother's Birthplace,

W. Va.

8. Full Name of Father,

Chas M. Smith

9. Father's Occupation,

Blacksmith

10. Father's Birthplace,

W. Va.

Name of Medical Attendant, or other Person who makes this Return.

Jos D. Blake M.D.

Address,

602 S. Broadway

Remarks,

Report in birth in the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of \$100 dollars for each offense to be recovered as other laws and regulations are recoverable.

RETURN OF A BIRTH. 88933

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

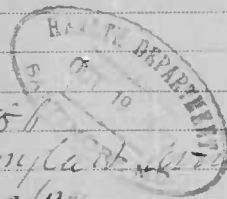
No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)
2. Race or Color, (if not of the white race)
3. Date of Birth Feb 24 1886
4. Place of Birth, (Street and Number) 204 Maryland St
5. Full Name of Mother, Ellen Dargy
6. Mother's Maiden Name, Ellen Miller
7. Mother's Birthplace, Balt
8. Full Name of Father, Harry Dargy
9. Father's Occupation, Merchant
10. Father's Birthplace, Balt Md

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,



Attorney in Law
19 Franklin

In the absence of the mother, immediately thereafter it shall become the duty of the person or persons of such a child, or person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

88934

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. Sex, (state whether male or female) female

2. Race or Color, (if not of the white race) White

3. Date of Birth, 24 September

4. Place of Birth, (Street and Number) 6 Bennett St

5. Full Name of Mother, Agnes Matthes

6. Mother's Maiden Name, Reifig

7. Mother's Birthplace, Neufung

8. Full Name of Father, Johann Matthes

9. Father's Occupation, Laborer

10. Father's Birthplace, Neufung Germany

Name of Medical Attendant, or other Person who makes this return, Mrs. E. Weiss

Address, 424 Lancaster St.

Remarks,



report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH ^{889,351}

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

5th

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

—

3. Date of Birth,

Sept 24th 1886.

4. Place of Birth, (Street and Number)

220. N. Carey St.

5. Full Name of Mother,

Elizabeth F. Hughes.

6. Mother's Maiden Name,

" " Manning

7. Mother's Birthplace,

Balto City

8. Full Name of Father,

W. L. Hughes,

9. Father's Occupation,

Merchant, (Grain & Feed)

10. Father's Birthplace,

Balto. City.

Name of Medical Attendant, or other Person who makes this Return.

R. J. N. Tall. M.D.,

Address,

152 Sharp. St.

Remarks,



report its birth in the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH ^{889.36}

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st*

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race)

3. Date of Birth,

24th Sept 1886

4. Place of Birth, (Street and Number)

3 Barrington St

5. Full Name of Mother,

Louisa Counsell

6. Mother's Maiden Name,

Fulk

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

John Counsell

9. Father's Occupation,

Laborer

10. Father's Birthplace,

Baltimore

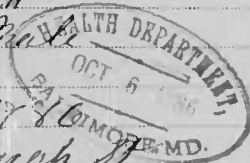
Name of Medical Attendant, or other Person who makes this Return,

Elizabeth Jewell

Address,

68 Fort Ave

Remarks,



RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *First*

1. Sex, (state whether male or female) *Female*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth *September 24 1886*

4. Place of Birth, (Street and Number) *No. 114 Cr. Leaden*

5. Full Name of Mother, *Mary Kennedy*

6. Mother's Maiden Name, *Kennedy*

7. Mother's Birthplace, *Baltimore County*

8. Full Name of Father, *John Thomas*

9. Father's Occupation, *Porter*

10. Father's Birthplace, *Baltimore County*

Name of Medical Attendant, or other Person who makes this Return, *John Morris M.D.*

Address, *Franklin St.*

Remarks,



Report the birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall fail to do so, shall be liable to a fine of ten dollars for each failure to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

88938

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race)

3. Date of Birth

4. Place of Birth (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks



RETURN OF A BIRTH 81939

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2^d

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, Sept. 24th 7:40 AM

4. Place of Birth, (Street and Number) 60 Ward St.

5. Full Name of Mother, Sarah Ellen Merchant

6. Mother's Maiden Name, Folkert

7. Mother's Birthplace, Manchester Md

8. Full Name of Father, Joseph M. Merchant

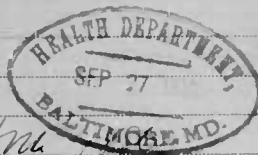
9. Father's Occupation, Laborer

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return. H. W. Weber M.D.

Address, 298 W. Lombard St.

Remarks,



In attendance upon the mother, immediately thereafter it shall become the duty of the parent or parents of such child to file a return of the birth of such child with the Registrar of Vital Statistics, Baltimore City, and if the parent or parents of such child fail to do so, or if the parent or parents of such child shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH ⁸⁸⁹¹⁴⁰

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Third*

1. Sex, (state whether male or female) *Female*

2. Race or Color, (if not of the white race) *Caucasian*

3. Date of Birth, *Twenty*

4. Place of Birth, (Street and Number) *Winter Street, No. 16*

5. Full Name of Mother, *Sarah Sank*

6. Mother's Maiden Name, *Sarah Taylor*

7. Mother's Birthplace, *Baltimore*

8. Full Name of Father, *John Sank*

9. Father's Occupation, *Farmer*

10. Father's Birthplace, *Washington*

Name of Medical Attendant, or other Person who makes this Return, *Sarah Jane Wilson*

Address, *242 Stuyvesant Street*

Remarks, *None*



See instructions upon the matter, immediately thereafter it shall become the duty of the person or persons at such, shall to report its birth in the Commissioner of Health, in the manner and within the period now required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

Birth of any child shall occur without the attendance of a Physician or registered nurse, or should no other person be present, the mother, immediately thereafter it shall become the duty of the person or persons of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH ⁸⁸⁹⁴¹

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race) *Color*

3. Date of Birth, *24*

4. Place of Birth, (Street and Number) *60 Little church*

5. Full Name of Mother, *Sofa Robberson*

6. Mother's Maiden Name, *Sofa West*

7. Mother's Birthplace, *Baltimore County*

8. Full Name of Father, *Osborn Thomas Robson*

9. Father's Occupation, *Labor*

10. Father's Birthplace, *Baltimore County*

Name of Medical Attendant, or other Person who makes this Return. *Julia D. Dixon*

Address, *52 Little church street*

Remarks, *Ac*



88942

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Gen*

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

2. *Date of Birth,*

4. *Place of Birth, (Street and Number)*

5. Full Name of Mother,

6. *Mother's Maiden Name,*

7. *Mother's Birthplace,*

8. *Full Name of Father,*

9. *Father's Occupation.*

10. *Father's Birthplace,*

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,

Gen

Male

Sept 25

Baltimore 1149 Montgomery St.

Mary C. Shirley

Mary C Hobbs

Baltimore,

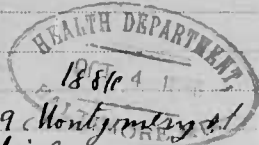
Wm. H. Shirley

Labour

Pa

Mrs. H. Thayer

135 Ridgely st



RETURN OF A BIRTH ⁸⁸⁹¹¹³

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Male* *Birth*

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race)

3. Date of Birth, *Sept 11 1888*

4. Place of Birth, (Street and Number)

5. Full Name of Mother, *Mary Smith*

6. Mother's Maiden Name, *Stuart*

7. Mother's Birthplace, *Annapolis*

8. Full Name of Father, *Wm Stuart*

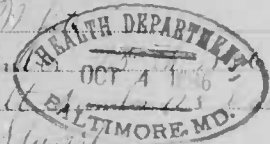
9. Father's Occupation, *Painter*

10. Father's Birthplace, *Anne Arundel County*

Name of Medical Attendant, or other Person who makes this Return. *Mrs Hannah Smith*

Address, *Old number 305 East Pratt St. 1st fl. 1824*

Remarks, *9*



Birth of any child shall occur without the attendance of a physician or midwife, or should the mother be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of \$10 (ten) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

889444

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) the 2nd

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) _____

3. Date of Birth, September 25 1884

4. Place of Birth, (Street and Number) 186, Madison St

5. Full Name of Mother, Martha G. Gannon

6. Mother's Maiden Name, Martha Gannon

7. Mother's Birthplace, Baltimore

8. Full Name of Father, John Gannon

9. Father's Occupation, Wagon Maker

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return. Lizzy P. Gannon

Address, 186 Madison St

Remarks, _____



be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 88945

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

Third

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth

Sept 25th 1886

4. Place of Birth, (Street and Number)

#6 Johnson st

5. Full Name of Mother

Mary T. Shane

6. Mother's Maiden Name

Mary T. Piny

7. Mother's Birthplace

N. Carolina

8. Full Name of Father

A. R. D. Shane

9. Father's Occupation

Blacksmith

10. Father's Birthplace

Harford Co. Md

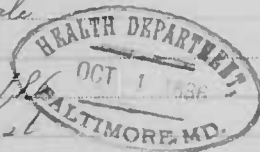
Name of Medical Attendant, or other Person who makes this Return.

Mrs. M. A. Lottell

Address,

325 Montgomery

Remarks,



Birth of any child shall occur without the attendance of a physician or other person, and any such person shall be liable to the punishment provided in the laws of this State for each offense to be reported to the Registrar of Vital Statistics, Board of Health, Baltimore City, as other laws and regulations are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Fourth

Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Address, 262 N. Donogh St

Remarks,



Sep 25 1886
No 365 E Fayette St
Susan M. Cardock
" " " "

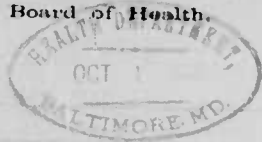
Ireland
Wm M Cardock
Clerk

Ireland
Mary A. Allards

RETURN OF A BIRTH

88947

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother. (state whether 1st, 2d, 3d, &c.) *second*

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

Light brown skin

3. Date of Birth,

25th of September

4. Place of Birth, (Street and Number)

Gilbert St No 16

5. Full Name of Mother,

Fanna Sales

6. Mother's Maiden Name,

7. Mother's Birthplace,

Accomac county virginia
dont know

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return

Liza Somerville

Address,

Clinton ave

Remarks,

RETURN OF A BIRTH

88948

To the Office of Registration and Vital Statistics, Board of Health,
~~GIVEN NAME ADDED 8-4-55~~

BALTIMORE CITY.

Name: Edward Michael Simler

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who
 make this Return

Address,

Remarks,



White

Sept. 25

55 Carlton St.

Margareth Simler

Margareth Scherdt

Baltimore, Md.

Andrew Simler

Paper Carrier

Baltimore, Md.

M. A. Gedley

1004 Lexington St.

RETURN OF A BIRTH

889117

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

8 *Ward St*

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

3. Date of Birth,

Sept 25 - 18

4. Place of Birth, (Street and Number)

c. No. 25 / Caroline St

5. Full Name of Mother,

Elizabeth Heische

6. Mother's Maiden Name,

Simon

7. Mother's Birthplace,

Germany

8. Full Name of Father,

Thomas Heische

9. Father's Occupation,

Shoemaker

10. Father's Birthplace,

Germany

Name of Medical Attendant, or other Person who makes this Return.

Mrs Louisa Schulte

Address,

c. No. 246 Chew St

Remarks,



be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child to
the birth to the Commissioner of Health, in the manner and within the period above required, and any such person
of persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars
for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

RETURN OF A BIRTH 889
To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.
of Child of Mother, (state whether 1st, 2d, 3d, &c.)
Sex, (state whether male or female)
Race or Color

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)
3. Date of Birth.

3. Date of Birth,

4. Place of Birth, (Street and Number)
5. Full Name of Mother

5. Full Name of Mother.

6. Mother's Maiden Name

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation.

10. Father's Birthplace,

Name of Medical Attendant _____

Address.

Remarks.

Normal E. Tru
labor

Carroll Co Ind

Richard Henry Stoddard
Providence, R.I.

Baltimore, Md.
N.C. R.R.
Ed. Md.

Edmund C. Tibbs M. D.
Jr.

[illegible]

RETURN OF A BIRTH

88951

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Sept 25- 18 86*

1. Sex, (state whether male or female) *Two female children*

2. Race or Color, (if not of the white race) *2 Colored Children*

3. Date of Birth, *September 25- 18 86*

4. Place of Birth, (Street and Number) *East Street no 138*

5. Full Name of Mother, *Annie King*

6. Mother's Maiden Name, *Annie Anderson*

7. Mother's Birthplace, *Baltimore County Md*

8. Full Name of Father, *Albert A. King*

9. Father's Occupation, *Lumber yard*

10. Father's Birthplace, *Was Born demoral. 16 in*

Name of Medical Attendant, or other Person who makes this Return

Address,

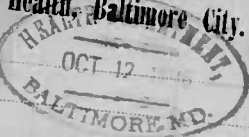
Remarks, *Darkies. Jamelen No 308 Chesnut St
N. 34*

Report is birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1892



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *first*
1. Sex, (state whether male or female) *male*
2. Race or Color, (if not of the white race) *Color*
3. Date of Birth, *28 of September*
4. Place of Birth, (Street and Number) *3 Tyson Alley*
5. Full Name of Mother, *Ella Burton*
6. Mother's Maiden Name, *Ella Palmer*
7. Mother's Birthplace, *Richmond Co Va*
8. Full Name of Father, *David Burton*
9. Father's Occupation, *waiter*
10. Father's Birthplace, *Penn.*
- Name of Medical Attendant, or other Person who makes this Return, *Mrs Annis Johnson 94 Tyson St*
- Address, _____
- Remarks, _____

For the attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such class to report to the Registrar of Vital Statistics, Board of Health, in the case of a birth, and within the time specified in this section, shall be subject to the fine of ten (10) dollars for each offense in the recording of other data and forfeitures are recoverable.

RETURN OF A BIRTH

85953

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. Sex, (state whether male or female) female

2. Race or Color, (if not of the white race)

3. Date of Birth, Sep 25 - 1884

4. Place of Birth, (Street and Number) 33 S. Frederick St.

5. Full Name of Mother, Georgiane Brongle

6. Mother's Maiden Name, Smith

7. Mother's Birthplace, Frederick County

8. Full Name of Father, Wm. H. Brongle

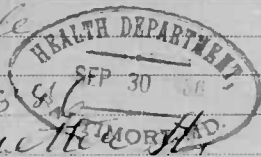
9. Father's Occupation, Farmer

10. Father's Birthplace, Frederick County

Name of Medical Attendant, or other Person who makes this Return, Mary Stein

Address, 1427 E. Pratt St.

Remarks,



report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person who fails to do so, or who makes a false statement, shall be liable to a fine of ten (10) dollars for each offense to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH 88954

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *First*

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race) *Colored*

3. Date of Birth, *September 25th 86*

4. Place of Birth, (Street and Number) *No 65 Davis St*

5. Full Name of Mother, *Georgia Myers*

6. Mother's Maiden Name, *Green*

7. Mother's Birthplace, *Baltimore*

8. Full Name of Father, *Jessie Myers*

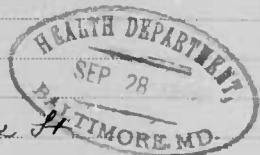
9. Father's Occupation, *Porter*

10. Father's Birthplace, *Baltimore*

Name of Medical Attendant, or other Person who makes this Return, *Anelia Johnson*

Address, *6 Hamilton St*

Remarks,



be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child, to report his birth to the Registrar of Vital Statistics, Baltimore City, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other dues and forfeitures are recoverable.

RETURN OF A BIRTH 88/55

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

The 9th Child

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

The 25th Feb 1886

4. Place of Birth, (Street and Number)

No 244 Centre

5. Full Name of Mother,

Kate Rogers

6. Mother's Maiden Name,

Kate Jones

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

John Rogers

9. Father's Occupation,

Sailor

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return.

Mrs Ch. Sawyer

Address,

11-173 Hayford Cir

Remarks,

Bat Md

1886



report in birth to the Commissioner of Health, in the manner and within the period above required, and any such person or person who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH ⁸⁸⁹⁵⁶

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

The 4 Child

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

The 25 of Sept

4. Place of Birth, (Street and Number)

No 1041 Lomb

5. Full Name of Mother,

Kate Krausch

6. Mother's Maiden Name,

Kate Hahn

7. Mother's Birthplace,

Germany

8. Full Name of Father,

Henry Krausch

9. Father's Occupation,

Carpet Weaver

10. Father's Birthplace,

Germany

Name of Medical Attendant, or other Person who makes this Return.

Mr. C. H. Lauer

Address,

No 173 Hayward Cnt

Remarks,

Bal Md

1886



report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person who fails to do so, or who fails to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and costs there are recoverable.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

First

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth

Sept 28th 1886

4. Place of Birth, (Street and Number)

1004 385 E Baltimore St

5. Full Name of Mother,

Bertha B Tolley

6. Mother's Maiden Name,

a Wilson

7. Mother's Birthplace,

Norfolk Va

8. Full Name of Father,

William A Tolley

9. Father's Occupation,

Carpenter

10. Father's Birthplace,

Calvert Co Md

Name of Medical Attendant, or other Person who makes this Return.

H E Harker M.D

Address,

1519 E Baltimore St

Remarks,



It is the duty of every person who has knowledge of the birth of a child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (\$10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

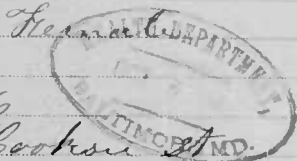
RETURN OF A BIRTH ⁸⁸⁹⁵⁸

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

6th

1. Sex, (state whether male or female)



2. Race or Color, (if not of the white race)

3. Date of Birth, 25th Sept 1886

4. Place of Birth, (Street and Number)

235 Cooke St

5. Full Name of Mother,

Rosa Campbell

6. Mother's Maiden Name,

Brain

7. Mother's Birthplace,

Pennsylvania

8. Full Name of Father,

James Campbell

9. Father's Occupation,

Laborer

10. Father's Birthplace,

Ireland

Name of Medical Attendant, or other Person who makes this Return.

Elizabeth Jewell

Address,

68 Fort Ave

Remarks,

Report of birth in the Commissioner of Health, in the manner and within the period above required, and any such person or persons who violate the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

88959

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex, (state whether male or female) Male - Franklin Louis Gadd.

2. Race or Color, (if not of the white race) White

3. Date of Birth, Aug 23rd 1886

4. Place of Birth, (Street and Number) 138 Battery Ave

5. Full Name of Mother, Emma H. Gadd

6. Mother's Maiden Name, Taylor

7. Mother's Birthplace, Md

8. Full Name of Father, A. Frank Gadd

9. Father's Occupation, Boilermaker

10. Father's Birthplace, Md

Name of Medical Attendant, or other Person who makes this Return, Robert S. Rowe M. D.

Address, 333 Light St

Remarks,



RETURN OF A BIRTH

58960

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race)

3. Date of Birth, Sept 28 1884

4. Place of Birth, (Street and Number) Rustin near G. M. ave

5. Full Name of Mother, Mary Conlon

6. Mother's Maiden Name, " Lang

7. Mother's Birthplace, Ireland

8. Full Name of Father, Lawrence Conlon

9. Father's Occupation, keeps Restaurant

10. Father's Birthplace, Ireland

Name of Medical Attendant, or other Person who makes this Return, G. B. Hyndes

Address, 171 N. Carroll St

Remarks,

report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 88761

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

8th

Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

26th of Sept.

4. Place of Birth, (Street and Number)

200 W Grayth St.

5. Full Name of Mother,

Kate King

6. Mother's Maiden Name,

Law

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Ed. King

9. Father's Occupation,

Tailor

Father's Birthplace,

Germany

Name of Medical Attendant, or other Person who makes this Return.

Susan Shenton

Address,

21 N. Poppleton St.

Remarks,



RETURN OF A BIRTH

88762

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

5

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth.

Sept 26 1886

4. Place of Birth, (Street and Number)

N. Washington St 489

5. Full Name of Mother.

Mary Butt

6. Mother's Maiden Name,

" Schweitzer

7. Mother's Birthplace,

Balto Md

8. Full Name of Father,

Joseph Butt

9. Father's Occupation,

Br Grocer

10. Father's Birthplace,

Balto Md

Name of Medical Attendant, or other Person who makes this Return

Mrs R. Ullrich

Address,

48 Hall and St

Remarks,

report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall thereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered in other fines and forfeitures are recoverable.

RETURN OF A BIRTH 88763

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2 Child
Male

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

September 11, 1886
No. 2 Peer St
Sophia W. Pfeiffer

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

11 Charter
August Pfeiffer
Baltimore

9. Father's Occupation,

10. Father's Birthplace,

11 in Love
Ann's S. address

Name of Medical Attendant, or other Person who makes this Return.

Address,

No. 45 S. Main St

Remarks,

report its birth to the Commissioner of Health, in the manner and within the period above required, and may such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,



1st
Male
Sept 2 1864
213 N. Gay St.
Mary Lambeth
" Kaufman
Germany
Joseph Kaufman
Cigar & Dealer
Germany
Doctor James H. Hays
1116 Broadway

Report the birth to the Commissioner of Health, in the manner and within the period above required, and pay each person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, September 26, 1884

4. Place of Birth, (Street and Number) Marcella Street

5. Full Name of Mother, Mary E. Slunt

6. Mother's Maiden Name, Mary E. Slunt

7. Mother's Birthplace, Baltimore

8. Full Name of Father, August Slunt

9. Father's Occupation, rope maker

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return, Mrs. D. H. H. H.

Address, 1077 Pratt St.

Remarks,

See instructions upon this matter, immediately thereafter. It shall become the duty of the person or persons of each child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each infraction to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

88766

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether male or female)

2. Race or Color (if not of the white race)

3. Date of Birth

4. Place of Birth (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks



3rd
Male
Sept 26
No. 1 Chatham St
Ralph C. Malone
" " Service
Baltimore
James R. Malone
Baltimore
Baltimore
Mrs. Gui
208 N. Bond St.

name of the mother of such child or children.

report the birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH ⁸⁸⁹⁶⁷

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *6th*

1. Sex, (state whether male or female) *male*

2. Race or Color, (if not of the white race) *Belgian*

3. Date of Birth, *Sept 6 1886*

4. Place of Birth, (Street and Number) *25 Canton st*

5. Full Name of Mother, *Sarah Harris*

6. Mother's Maiden Name, *Sarah Johnson*

7. Mother's Birthplace, *Baltimore*

8. Full Name of Father, *Alfred Harris*

9. Father's Occupation, *Writer*

10. Father's Birthplace, *Prince Georges*

Name of Medical Attendant, or other Person who makes this Return. *Alfred Harris*

Address, *37 Little Monument st* ⁴⁰⁴

Remarks,



RETURN OF A BIRTH ⁸⁸⁹⁶⁸

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st Child*

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *The 36 of Sept 1886*

4. Place of Birth, (Street and Number) *No 341 Broadway*

5. Full Name of Mother, *Matilda Moran*

6. Mother's Maiden Name, *Matilda Hankins*

7. Mother's Birthplace, *Manchester Lancashire England*

8. Full Name of Father, *Bernard Moran*

9. Father's Occupation, *Tavern*

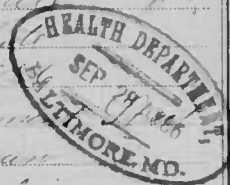
10. Father's Birthplace, *County Kerry Common Ireland*

Name of Medical Attendant, or other Person who makes this Return, *Wm C. Lauer*

Address, *No 173 Gayard Ave*

Remarks, *Bal Md*

1886



Report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

88969

live in attendance upon the mother, immediately thereafter it shall become the duty of the parent or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period aforesaid required, and pay such person or persons who shall hereafter fall to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered, as otherwise and forfeitures are recoverable.

1st. Child

- 6
e
- U S ALTH DEPARTMENT
BALTIMORE MD.

James E. Kimbelle, M.D.

277 E. Baltimore St.

RETURN OF A BIRTH 88970

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, Balt Sept 26th 1886

4. Place of Birth, (Street and Number) 31 Madderia Alley

5. Full Name of Mother, Mary Katinsiska

6. Mother's Maiden Name, Mary Jeff

7. Mother's Birthplace, Germany

8. Full Name of Father, Stephen Katinsiska

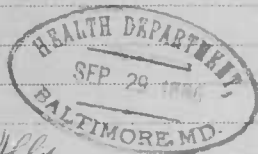
9. Father's Occupation, Laborer

10. Father's Birthplace, Germany

Name of Medical Attendant, or other Person who makes this Return, Mrs Mary Arnold

Address, 137 South Hope St

Remarks, 1st



report its birth to the Registrar of Health in the manner and within the period above required, and any such person who fails to do so, or who fails to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH, 88971

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth

4. Place of Birth, (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

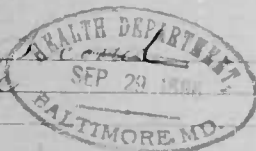
9. Father's Occupation

Father's Birthplace

Name of Medical Attendant, or other Person who makes this return.

Address

Remarks



name of the mother of such child or children.

Young well.

RETURN OF A BIRTH

88972

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

1. Child of Mother, (state whether 1st, 2d, 3d, &c.)

3d

2. Sex, (state whether male or female)

Female

3. Race or Color, (if not of the white race)

colored

4. Date of Birth,

Sept 26, 86

5. Place of Birth, (Street and Number)

606 N. Spring St

6. Full Name of Mother,

Laura Freeman

7. Mother's Maiden Name,

do Robinson

8. Mother's Birthplace,

Balt.

9. Full Name of Father,

James Freeman

10. Father's Occupation,

Labr

11. Father's Birthplace,

West Indies

Name of Medical Attendant, or other Person who makes this Return

Irving Miller M.D.

Address,

1207 E. Monument St

Remarks,



RETURN OF A BIRTH 88773

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

9th

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

3. Date of Birth,

September 26

4. Place of Birth, (Street and Number)

543 W Balt St

5. Full Name of Mother,

Barbara Anna Schlatter

6. Mother's Maiden Name,

Barbara Anna Dollhopf

7. Mother's Birthplace,

Catonville Balt Co

8. Full Name of Father,

Gustav Schlatter

9. Father's Occupation,

Merchant

10. Father's Birthplace,

Germany

Name of Medical Attendant, or other Person who makes this Return.

Mrs L. Schuler

Address,

90 North Howard St.

Remarks,

Report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.



report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person who fails to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered in other fines and forfeitures are recoverable.

GIVEN NAME ADDED, 4-1-5-8
RETURN OF A BIRTH

88974

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Louise Watson Colison
No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female) *Female*
 2. Race or Color, (if not of the white race) *W.*
 3. Date of Birth, *Sept 26 1888*
 4. Place of Birth, (Street and Number) *N.E. Co. New York*
 5. Full Name of Mother, *Charles W. Colison*
 6. Mother's Maiden Name, *" " " "*
 7. Mother's Birthplace, *Baltimore*
 8. Full Name of Father, *Charles W. Colison*
 9. Father's Occupation, *Bricklayer*
 10. Father's Birthplace, *B. C. C.*
- Name of Medical Attendant, or other Person who makes this Return. *Dr. J. M. H. H. H.*
Address, *1000 N. E. Co.*
Remarks, *" "*



RETURN OF A BIRTH 88975

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *3rd*

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *6 September*

4. Place of Birth, (Street and Number) *22 Bennett St.*

5. Full Name of Mother, *Emma Hess*

6. Mother's Maiden Name, *= Peterswell*

7. Mother's Birthplace, *Hertypreusen*

8. Full Name of Father, *Wilhelm Hess*

9. Father's Occupation, *Scholar*

10. Father's Birthplace, *Hertypreusen*

Name of Medical Attendant, or other Person who makes this Return *Mrs. S. Wain*

Address, *424 Lancaster St.*

Remarks,



In its attendance upon the mother, from the time of her confinement to the time of her discharge, the medical attendant is required to report the birth of the child to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

88976

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex. (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth. Sept. 26th 1886

4. Place of Birth, (Street and Number) 27 Miller St. BALTIMORE MD.

5. Full Name of Mother. Anniea Ann Miller

6. Mother's Maiden Name. Phetter

7. Mother's Birthplace. Balto Md.

8. Full Name of Father. Nicolas Ann Miller

9. Father's Occupation. Barber

10. Father's Birthplace. Balto Md.

Name of Medical Attendant, or other Person who makes this return. Mrs. Lena Hellegast

Address, #1826 Monument St

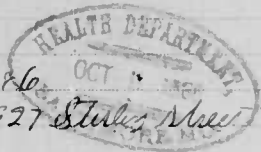
Remarks, 1038 (New Number)

Report its birth to the Commissioner of Health, in the manner and form prescribed, and who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (\$10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 88977

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) No 927 Stirling St 2.
1. Sex, (state whether male or female) Male and Female.
2. Race or Color, (if not of the white race) Color.
3. Date of Birth, 26th September 1886.
4. Place of Birth, (Street and Number) Baltimore city No 927 Stirling Street.
5. Full Name of Mother, Josephine Freshe.
6. Mother's Maiden Name, Josephine Brown.
7. Mother's Birthplace, Baltimore city Md.
8. Full Name of Father, Charles H. Freshe.
9. Father's Occupation, Laborer.
10. Father's Birthplace, Easton Shore.
Name of Medical Attendant, or other Person who makes this Return Elizabeth Sales.
Address, 1810 Stirling Street.
Remarks,



RETURN OF A BIRTH 85978

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Sept 27/85

4. Place of Birth, (Street and Number)

46 Huntington St

5. Full Name of Mother,

Josephine Byron

6. Mother's Maiden Name,

Hamilton

7. Mother's Birthplace,

Ireland

8. Full Name of Father,

Charles Byron

9. Father's Occupation,

Driver

10. Father's Birthplace,

Ireland

Name of Medical Attendant, or other Person who makes this Return.

Dr J. D. Blake

Address,

Remarks,

Report the birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this act, shall be subjected to the fine of \$10 dollars for each offense, to be recovered in other fines and forfeitures are recoverable.

RETURN OF A BIRTH 88779

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, Sept 27 1886

4. Place of Birth, (Street and Number) Jefferson St 65

5. Full Name of Mother, Julia M. Adams

6. Mother's Maiden Name, Adler

7. Mother's Birthplace, Baltimore Md

8. Full Name of Father, Calvin M. Adams

9. Father's Occupation, Shoe Dealer

10. Father's Birthplace, Germany

Name of Medical Attendant, or other Person who makes this Return Mrs J. H. W. W. W.

Address, 1302 Halland St

Remarks, St

report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

88750

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)



1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race)

3. Date of Birth, September 29, 1900

4. Place of Birth, (Street and Number) 126 Bank Street

5. Full Name of Mother, Elizabeth Brown

6. Mother's Maiden Name, " " " "

7. Mother's Birthplace, " " " "

8. Full Name of Father, John D. Brown

9. Father's Occupation, Captain

10. Father's Birthplace, " " " "

Name of Medical Attendant, or other Person who makes this Return, Dr. J. B. B.

Address, " " " "

Remarks,

report its birth to the Commissioner of Health in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this act, shall be subjected to the fine of \$100 dollars for each offense to be recovered as other fines and forfeitures are recoverable.

report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person who fails to do so, or who furnishes false information, or who neglects to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other laws and ordinances are recoverable.

RETURN OF A BIRTH ⁸⁸⁹⁸¹

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

6

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Sept 27th 1886

4. Place of Birth, (Street and Number)

Collington ave 209

5. Full Name of Mother,

Babara Mc Carbray

6. Mother's Maiden Name,

Herb

7. Mother's Birthplace,

B also Md

8. Full Name of Father,

William Mc Carbray

9. Father's Occupation,

Clerk

10. Father's Birthplace,

B also Md

Name of Medical Attendant, or other Person who makes this return.

Mrs R. Ulley

Address,

1302 Holland St

Remarks,



Report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

88982

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: *Max Gibson*
No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st Child

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth

4. Place of Birth, (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

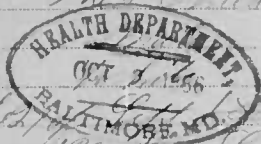
9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return

Address

Remarks



Phot. of Child
No 426 Lomb St.

Rebecca Goldstein

Rebecca Goldstein

Poland

Samuel Goldstein

Tailor

Poland

Mrs Ch. Lauer

No 173 Maryland Ave

43rd Mar 1886

RETURN OF A BIRTH 889K3

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. ☐ Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,



Female
White

September, 27

Constitution St

Mary C. Casserly

Mary C. Flattery

Ellicott City

James Casserly

Labourer

Ireland

Dr L. Woodson

120 Greenmount-ave

report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person who fails to do so, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

55984

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Sept 27th

4. Place of Birth, (Street and Number)

195 Columbia Ave

5. Full Name of Mother,

Mary Muleay

6. Mother's Maiden Name,

Mary Hensel

7. Mother's Birthplace,

Baltimore Md

8. Full Name of Father,

William Hensel

9. Father's Occupation,

Cigar maker

10. Father's Birthplace,

Baltimore Md

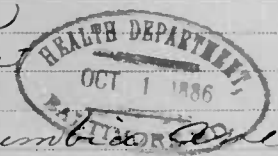
Name of Medical Attendant, or other Person who makes this return.

Mrs Riefer

Address,

24 Columbia Ave

Remarks,



RETURN OF A BIRTH

1895

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

3d

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Sept 27/86

4. Place of Birth, (Street and Number)

82 N. Stricker St.

5. Full Name of Mother,

Mary R. Bigelow

6. Mother's Maiden Name,

Readett

7. Mother's Birthplace,

Maryland

8. Full Name of Father,

E. L. Bigelow

9. Father's Occupation,

Painter

10. Father's Birthplace,

Massachusetts

Name of Medical Attendant, or other Person who makes this Return.

Thomas Opi M.D.

Address,

179 N. Howard St.

Remarks,



Report the birth to the Commissioner of Health, or the Registrar of Vital Statistics, within the period above specified, and pay such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

88986

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *also the first child*

1. Sex, (state whether male or female)

female

2. Race or Color, (if not of the white race)

Cald

3. Date of Birth,

September 27 1890

4. Place of Birth, (Street and Number)

203

Preston

Baltimore, Md.

5. Full Name of Mother,

Rachel Brooks

6. Mother's Maiden Name,

Rachel Emory

7. Mother's Birthplace,

Folk-pitugent-witch & Co

8. Full Name of Father,

James Bliss Emory

9. Father's Occupation,

Laborer

10. Father's Birthplace,

Baltimore Md

Name of Medical Attendant, or other Person who makes this Return.

Melvin Banks

Address,

277 North Eutaw st

Remarks,



Report its birth to the Commissioner of Health, in the manner and within the period above required, and any other person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 88987

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

3. Date of Birth,

Sep 27th 1886

4. Place of Birth, (Street and Number)

No 18 Dalls

5. Full Name of Mother,

Louise Sittig

6. Mother's Maiden Name,

Kater

7. Mother's Birthplace,

Germany

8. Full Name of Father,

Fred Sittig

9. Father's Occupation,

Carpenter

10. Father's Birthplace,

Germany

Name of Medical Attendant, or other Person who makes this Return

Mrs Louise Schulte

Address,

No 246 Chew St

Remarks,



RETURN OF A BIRTH ⁸⁸⁹⁸⁸

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (~~state whether 1st, 2d, 3d, &c.~~) *Fourth*

1. Sex, (~~state whether male or female~~)

2. Race or Color, (~~if not of the white race~~)

3. Date of Birth,

Sept, 27th 1888

4. Place of Birth, (Street and Number)

88 Fairmount Ave

5. Full Name of Mother,

Annie E. Maasch

6. Mother's Maiden Name,

" " Hallers

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Edmund R. Maasch

9. Father's Occupation,

Butcher

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return.

Dr. J. S. Hertzberg M.D.

Address,

1102, (88) E Baltimore St

Remarks,



report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person who fails to do so, shall be liable to a fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH, 88989

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Sex (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth Sept. 27th

4. Place of Birth, (Street and Number) 179 W. Hoffman St

5. Full Name of Mother Mamie R. Kelly

6. Mother's Maiden Name Mamie R. Curay

7. Mother's Birthplace Baltimore

8. Full Name of Father Peter A. Kelly

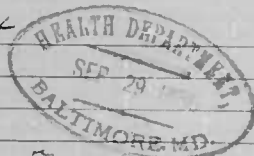
9. Father's Occupation Merchant

10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. James Bacon M.D.

Address Cor. Annapolis & Lexington Ave

Remarks



88990

With respect to the Commissioner's liability to the Internal Revenue Service, the proposed amendments are early and, because the provisions of this section, shall be subjected to the fine of ten (10) dollars for persons who shall hereafter fail to comply with the provisions of this section, are recoverable.

Th. S. G. Smith

Male

4/1/52

The 27 of

No. 16. Concord

Andie McLean

Robert H. Gault

Bald County

Thomas M. Smith

E. 24112

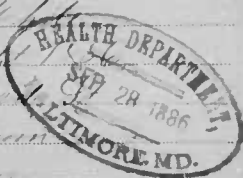
Island

Ans. E. L. Sawyer

No 123 Harpwood

But Ned

1534



RETURN OF A BIRTH. 88991

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,

Ind.

Female

White

September 27th, 1886.

22 Spring Row

Mary Wagner

Mary Kastor

Hannover Germany

Frank Wagner

Sailor

Austria Germany

A. L. Dushie, M.D.

700 S. Broadway



Report for Birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who fail to do so, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other laws and ordinances are enforceable.

RETURN OF A BIRTH 88992

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

fifth child

1. Sex, (state whether male or female)



2. Race or Color, (if not of the white race)

3. Date of Birth,

September 17th 1894

4. Place of Birth, (Street and Number)

Picuree St. #6

5. Full Name of Mother,

Josephine Louise Barnes

6. Mother's Maiden Name,

Josephine Louise Greenes

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

John James Barnes

9. Father's Occupation,

porter

10. Father's Birthplace,

Oxford Md

Name of Medical Attendant, or other Person who makes this Return.

Mrs Annie Johnson

Address,

Tyson St. 94

Remarks,

1894/3

HEALTH DEPARTMENT
BALTIMORE, MD.

Remarks

name of the mother of such child or children.

report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

88994

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st

1. Sex, (state whether male or female)

F

2. Race or Color, (if not of the white race)

3. Date of Birth,

Sept 27 1886

4. Place of Birth, (Street and Number)

245 Dolphin

5. Full Name of Mother,

Barrie Cadle

6. Mother's Maiden Name,

Meargel

7. Mother's Birthplace,

Richmond, Va

8. Full Name of Father,

Thomas Mear Cadle

9. Father's Occupation,

Driver and car man

10. Father's Birthplace,

Alexandria, Va

Name of Medical Attendant, or other Person who makes this return

Frederic Hunter

Address,

21 W. Poppleton St

Remarks,



RETURN OF A BIRTH

88975

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Twins*

1. Sex, (state whether male or female) *Boy & Girl*

2. Race or Color, (if not of the white race)

3. Date of Birth, *Sept 27 1884*

4. Place of Birth, (Street and Number) *Holliday near Centre*

5. Full Name of Mother, *Annii Feeney*

6. Mother's Maiden Name, *" Black*

7. Mother's Birthplace, *Ind*

8. Full Name of Father, *Peter Feeney*

9. Father's Occupation, *Labourer*

10. Father's Birthplace, *Ireland*

Name of Medical Attendant, or other Person who makes this Return, *Dr. J. H. Jones M.D.*

Address, *171 N. Calvert*

Remarks,

report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH, 85996

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fourth

1. Sex (state whether ~~male~~ female)

2. Race or Color, (if not of the white race) White

3. Date of Birth September 28th 1886

4. Place of Birth, (Street and Number) 23 S. Ann St.

5. Full Name of Mother Margaret M. Donough

6. Mother's Maiden Name Margaret Clarke

7. Mother's Birthplace Baltimore City Md.

8. Full Name of Father James M. Donough

9. Father's Occupation Clerk

Father's Birthplace Ireland

Name of Medical Attendant, or other Person who makes this Return.

Nicholas L. Dashiell
700 S. Broadway

Address

Remarks

name of the mother of such child or children.



RETURN OF A BIRTH.

88997

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

fourth child

1. Sex, (state whether male or female)

male child

2. Race or Color, (if not of the white race)

white

3. Date of Birth

28 of Sept

4. Place of Birth, (Street and Number)

Cal. Paterson

5. Full Name of Mother,

Maggie McCauley

6. Mother's Maiden Name,

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

David McCauley

9. Father's Occupation,

Restaurant keeper

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return.

Wm. A. Jones

Address,

1121 Saratoga St

Remarks,



be in attendance upon the mother, immediately thereafter. It shall be the duty of the person or persons at such child, to report its birth to the Registrar of Vital Statistics, Board of Health, Baltimore City, within the period above required, and any such person or persons who shall be present at the birth of a child, and who shall fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each failure to be received as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 88998

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) male

2. Race or Color, (if not of the white race) white

3. Date of Birth, September 28th 1886

4. Place of Birth, (Street and Number) 127 1/2 (new) Harrison St.

5. Full Name of Mother, Lina Itacowitz

6. Mother's Maiden Name, Lina Waggenheim

7. Mother's Birthplace, Russia

8. Full Name of Father, Bernhard Itacowitz

9. Father's Occupation, Tailor

10. Father's Birthplace, Russia

Name of Medical Attendant, or other Person who makes this Return, E. Scherman

Address, Albemarle st. #103

Remarks,

Be all applicants upon this form, to be filled out by the father or mother of such child, or by some other person who shall be designated by the father or mother, and who shall be subject to the provisions of this section, shall be subject to the fine of \$100 dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 88999

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *3rd*

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

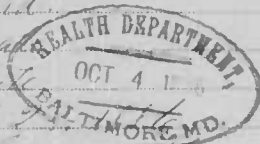
9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return,

Address,

Remarks,



White
Sept. 21st 1899
10 Grace St.
Theresa Markey
Theresa Milligan
Balto.
James Markey
Suburban
Balto.
Mary J. Markey
57 Myrtle St.

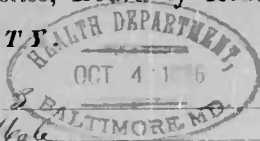
In attending upon the mother, immediately thereafter it shall become the duty of the person or persons of such child, to inform the Registrar of the birth of the child, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered, as other fines and forfeitures are recoverable.

RETURN OF A BIRTH,

89000

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth

September 28 1886

4. Place of Birth, (Street and Number)

East Pratt St 1669

5. Full Name of Mother

Josephine H. H. Leconte

6. Mother's Maiden Name

Josephine H. H. Turner

7. Mother's Birthplace

Baltimore Md

8. Full Name of Father

Joshua H. Leconte

9. Father's Occupation

Engineer

Father's Birthplace

Sharptown Wicomico County

Name of Medical Attendant, or other Person who makes this Return.

Amanda Marine

Address

411 North Bond St

Remarks

name of the mother of such child or children.

RETURN OF A BIRTH 89001

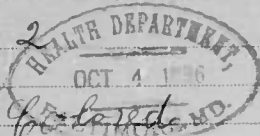
To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)



3. Date of Birth,

September 28, 1886

4. Place of Birth, (Street and Number)

10.30 Madarion Alley

5. Full Name of Mother,

Mary Jane Williams

6. Mother's Maiden Name,

Mary Jane Rigg

7. Mother's Birthplace,

Catapago Neck, Md.

8. Full Name of Father,

Samuel Williams

9. Father's Occupation,

Labor

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return.

Samuel Morgan

Address,

No 47, N. Durham St.

Remarks,

Report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

89002

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

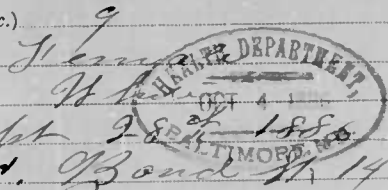
9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,



Mary Koberlin

Baer

Balto Md

H. Frederick Koberlin

Baer

Balto Md

Mrs R. Koberlin

1302 H. allard

Sh

report the birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH ⁸⁹⁰⁰³

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.)

13 "Child

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

September 14th 1888

4. Place of Birth, (Street and Number)

16 Haverhill

5. Full Name of Mother,

Jessie E. Hawkins

6. Mother's Maiden Name,

" Hawkins

7. Mother's Birthplace,

Baltimore Md

8. Full Name of Father,

Jacob E. Hawkins

9. Father's Occupation,

Bookmaker

10. Father's Birthplace,

Baltimore Md

Name of Medical Attendant, or other Person who makes this Return.

D. A. Cooke M.D.

Address,

110 Fort St

Remarks,



Report its birth to the Commissioner of Health, in the manner and within the period above specified, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex (state whether male or female),

Female

2. Race or Color (if not of the white race),

White

3. Date of Birth,

September 28th. 1886

4. Place of Birth (Street and Number),

416 E. Madison St.

5. Full Name of Mother,

Danie Nelson

6. Mother's Maiden Name,

Baltimore

7. Mother's Birthplace,

Chas. Nelson

8. Full Name of Father,

Freeman

9. Father's Occupation,

Baltimore

10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return.

M. A. 13th

Address, 185 S.E. cor Central av. & Monument St.,

Remarks, 647 All Well

The Commissioner of Health, in the manner and within the time specified in the preceding section shall comply with the provisions of this section and for failure to do so shall be liable to the fine of ten (10) dollars.

39003

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d.

1. Sex (state whether male or female),

of
Females

2. Race or Color (if not of the white race).

White

3. *Date of Birth,*

Sept. 28th 1886

4. Place of Birth (Street and Number),

No 7 Oliver St.

5. Full Name of Mother.

Lucie Evans

6. *Mother's Maiden Name.*

Julie Mead

7. *Mother's Birthplace.*

Baltimore

8. Full Name of Father.

Geo. Evans.

9. *Father's Occupation.*

in Brick yard

10. *Father's Birthplace.*

Harford County

Name of Medical Attendant, or other person who makes this Return.

M. A. Burt

Address, 185 S. E. cor Central av. D Monument St.

Remarks. *Ill Will*

any act, transaction, document or other thing in violation of the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered in other fines and forfeitures are recoverable.

report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

89006

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

Jewish

3. Date of Birth,

Sept. 28th

4. Place of Birth, (Street and Number)

Harrison St. 106

5. Full Name of Mother,

Fannie Weinberg

6. Mother's Maiden Name,

" Herz

7. Mother's Birthplace,

Balto Md

8. Full Name of Father,

Morris Weinberg

9. Father's Occupation,

Shoemaker

10. Father's Birthplace,

Balto Md

Name of Medical Attendant, or other Person who makes this Return.

Mrs R. Collins

Address,

1302 Hollan St

Remarks,

81



Report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 89007

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,



RETURN OF A BIRTH ⁸⁹⁰⁰⁸

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Seventh

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

3. Date of Birth,

Sept 28 1886

4. Place of Birth, (Street and Number)

No 94 N Spring St

5. Full Name of Mother,

Josephine Gulauf

6. Mother's Maiden Name,

"

Connelly

7. Mother's Birthplace,

Balto

8. Full Name of Father,

Louis Gulauf

9. Father's Occupation,

Physician

10. Father's Birthplace,

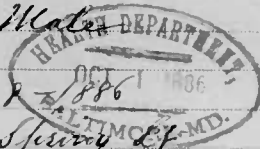
Balto

Name of Medical Attendant, or other Person who makes this Return.

Henry A. Atwood

Address, *912 N. Lombard St*

Remarks,



report his birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 59009

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Birth

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

3. Date of Birth,

September 28, 1880

4. Place of Birth, (Street and Number)

575 E. Washington St

5. Full Name of Mother,

Mary Lochel.

6. Mother's Maiden Name,

Saunders

7. Mother's Birthplace,

Germany

8. Full Name of Father,

Samuel Lochel.

9. Father's Occupation,

Butcher

10. Father's Birthplace,

Germany

Name of Medical Attendant, or other Person who makes this Return.

Mary A. Howell

Address, *912 Mc Donogh St*

Remarks,

report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person who fails to do so, shall be liable to a fine of ten dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 89010

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) female

2. Race or Color, (if not of the white race) colored

3. Date of Birth, Sept. 28, 1886.

4. Place of Birth, (Street and Number) 166 Zion St.

5. Full Name of Mother, Emily Bowyer

6. Mother's Maiden Name, Emily Smith

7. Mother's Birthplace, Baltimore.

8. Full Name of Father, Charles Baker Bowyer

9. Father's Occupation, Cookman

10. Father's Birthplace, Virginia

Name of Medical Attendant,

or other Person who makes this Return.

Address,

1010

William B. Confield M. D.
(614 W 246) North Charles St

Remarks,



RETURN OF A BIRTH

89011

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2^d Child

1. Sex, (state whether male or female).

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

~~177 Preston St.~~ Sept 28/86

4. Place of Birth, (Street and Number)

177 Preston St

5. Full Name of Mother,

Barbara Hohmann

6. Mother's Maiden Name,

Barbara Litz

7. Mother's Birthplace,

Balto

8. Full Name of Father,

Henry Hohmann

9. Father's Occupation,

Clerk

10. Father's Birthplace,

Balto

Name of Medical Attendant, or other Person who makes this Return.

William B. Canfield M.D.

Address, 1610 (old no. 246) North Charles St.

Remarks,

RETURN OF A BIRTH ⁸⁹⁰¹²

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 2

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, Sept 28

4. Place of Birth, (Street and Number) No 701 South Charles

5. Full Name of Mother, Florence H. Brewer

6. Mother's Maiden Name, Florence H. Dorsey

7. Mother's Birthplace, West Va

8. Full Name of Father, Augustus D. Brewer

9. Father's Occupation, Tin worker

10. Father's Birthplace, Worcester Md

Name of Medical Attendant, E. Hinton
or other Person who makes this Return.

Address, No 707 South Charles St

Remarks,



be in attendance upon the mother, immediately thereafter, to ascertain the sex, race, color, date of birth, place of birth, and full name of mother, and to sign the certificate of birth, and any such person or persons who shall hereafter fail to do so, shall be liable to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

80013

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd.

1. Sex, (state whether male or female).

female

2. Race or Color, (if not of the white race)

Colored

3. Date of Birth,

Sept. 28, '86

4. Place of Birth, (Street and Number)

919 Ballin st.

5. Full Name of Mother,

Lena Wilson

6. Mother's Maiden Name,

Moore

7. Mother's Birthplace,

Va.

8. Full Name of Father,

Ed. M. Wilson

9. Father's Occupation,

Wagon

10. Father's Birthplace,

Va

Name of Medical Attendant, or other Person who makes this Return.

Robertson Brown

Address,

1875 North Charles st.

Remarks,

RETURN OF A BIRTH

89014

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2nd

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

Colored

3. Date of Birth,

September 28

4. Place of Birth, (Street and Number)

221 South Howard

5. Full Name of Mother,

Elizabeth Baskin

6. Mother's Maiden Name,

Elizabeth Davis

7. Mother's Birthplace,

Baltimore Md.

8. Full Name of Father,

James H Baskin

9. Father's Occupation,

Stone Labor

10. Father's Birthplace,

Albany New York

Name of Medical Attendant, or other Person who makes this Return.

Mary Mahle

Address,

147 York Street

Remarks,

Report the birth for the Registrar of Vital Statistics, Baltimore City, of persons who shall hereafter fall to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered.

RETURN OF A BIRTH

89015

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

Colored

3. Date of Birth,

Sept 5 1891

4. Place of Birth, (Street and Number)

191 Madison Street

5. Full Name of Mother,

6. Mother's Maiden Name,

Laura Scrilmer

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Mary Mahan

Address,

142 York Street

Remarks,

Report its birth to the Commissioner of Health, in this manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

89016

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2nd

1. Sex, (state whether male or female).

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

28 Sept

4. Place of Birth, (Street and Number)

724 Redwood St

5. Full Name of Mother,

Christina Lochel

6. Mother's Maiden Name,

Christiana Bergen

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

James H. H. H.

9. Father's Occupation,

Farmer

10. Father's Birthplace,

Germany

Name of Medical Attendant, or other Person who makes this Return.

Dr. J. H. H.

Address,

1111 11th St

Remarks,

report its birth to the Commissioner of Health in this manner and within the period above prescribed, and any such person or persons who fail to do so, shall be liable to a fine of ten dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH ⁸⁹⁰¹⁷

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd
1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Sept. 29, 1890
4. Place of Birth, (Street and Number) 135 E Biddle St
5. Full Name of Mother, Phillippen Kline
6. Mother's Maiden Name, Danz
7. Mother's Birthplace, Balto
8. Full Name of Father, Lewis P Kline
9. Father's Occupation, Plumber
10. Father's Birthplace, Balto
- Name of Medical Attendant, or other Person who makes this Return, Mrs Julia Corning
- Address, 940 N Gay St
- Remarks,



report his birth to the Commissioner of Health, in a statement and within the term above specified, and any one who fails to do so shall be subject to the fine of ten (10) dollars or persons who shall be liable for the same.

On the printer and stationer.

RETURN OF A BIRTH

89018

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st*
1. Sex, (state whether male or female) *Male*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *Sept the 29*
4. Place of Birth, (Street and Number) *Chapel st near Hoffman*
5. Full Name of Mother, *Anna Kate*
6. Mother's Maiden Name, *Anna Smith*
7. Mother's Birthplace, *Baltimore md*
8. Full Name of Father, *Joe Kate*
9. Father's Occupation, *Baltimore md Blacksmith*
10. Father's Birthplace, *Baltimore md*
- Name of Medical Attendant, or other Person who makes this Return, *Mrs. Brune*
- Address, *No 6 Chestnut near Belair corner*
- Remarks,



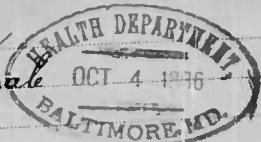
Be in attendance upon the Registrar, and within the period above required, and pay each person report his birth to the Registrar, and comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Six*

Female



1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

Sept 29

4. Place of Birth, (Street and Number)

Baltimore Columbia Ave No 107

5. Full Name of Mother,

Jane Davison

6. Mother's Maiden Name,

Jane Devitt

7. Mother's Birthplace,

Ireland

8. Full Name of Father,

John Davison

9. Father's Occupation,

Shoemaker

10. Father's Birthplace,

Ireland

Name of Medical Attendant, or other Person who makes this Return,

Mrs M. Shaffer

Address,

133 Bridge St

Remarks,

Every person who reports a birth to the Registrar of Vital Statistics, Board of Health, in the manner and within the time required, and any such person who fails to do so, shall be liable to a fine of not more than \$100, and any such person who fails to do so, shall be liable to a fine of not more than \$100, and any such person who fails to do so, shall be liable to a fine of not more than \$100.

89020

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September 29

36 Wall Street

Molurgier

himself

6-5-66

Re. Molberger

Al. L. L. L.

Feb 11 1871

Shirley D.

243 *Chamaetaphrum*

1

RETURN OF A BIRTH ⁸⁹⁰²¹

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, Sept. 29th 1886

4. Place of Birth, (Street and Number) 430 E. Jackson St.

5. Full Name of Mother, Jennie Steide

6. Mother's Maiden Name, Herrmann

7. Mother's Birthplace, Balto. Md.

8. Full Name of Father, Charles Steide

9. Father's Occupation, Carpenter

10. Father's Birthplace, Germany

Name of Medical Attendant, or other Person who makes this Return, Mrs. Anna Hellegert

Address, #1820 Monument St.

Remarks, 1038 E. Jackson St.

Report its birth to the Commissioner of Health, or the Registrar of Vital Statistics, and the mother or person who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

89022

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2*
1. Sex, (state whether male or female) *Male*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *Sept 29-1886*
4. Place of Birth, (Street and Number) *18 Walnut alley*
5. Full Name of Mother, *Barbary Herbert*
6. Mother's Maiden Name, *Baltimore H. I.*
7. Mother's Birthplace, *William King*
8. Full Name of Father, *Coachman*
9. Father's Occupation, *Baltimore H. I.*
10. Father's Birthplace, *Marion Hall*
- Name of Medical Attendant, or other Person who makes this Return *37 Walnut alley*
- Address, *37 Walnut alley*
- Remarks,



RETURN OF A BIRTH. 89023

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth Sept 29

4. Place of Birth, (Street and Number) #169, S. ...

5. Full Name of Mother, Mrs. Carrie Potter

6. Mother's Maiden Name, " " Menchel

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Elias Potter

9. Father's Occupation, Baker

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return. Dr. Gorky, Ke

Address, #53 S. ...

Remarks,



Report its birth to the Registrar of Health, in the manner and within the period above required, and any such person or persons who shall knowingly fail to do so, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

890511

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

male

2. Race or Color, (if not of the white race)

Colored

3. Date of Birth,

29 1916

4. Place of Birth, (Street and Number)

97 Bath St

5. Full Name of Mother,

Mrs. Martin

6. Mother's Maiden Name,

May Carroll

7. Mother's Birthplace,

Franklin Co Va

8. Full Name of Father,

Charles Martin

9. Father's Occupation,

fireman

10. Mother's Birthplace,

Woodzell

Name of Medical Attendant, or other Person who makes this Return

Mrs. Charity Jones

Address,

79 Grand Alley

Remarks,



RETURN OF A BIRTH 89025

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth, 29 September 1886

4. Place of Birth, (Street and Number) No 44 Cadwinton st

5. Full Name of Mother, Mary Clark

6. Mother's Maiden Name, Jeter

7. Mother's Birthplace, Baltimore City

8. Full Name of Father, Jasper W Clark

9. Father's Occupation, Fireman

10. Father's Birthplace, Baltimore City

Name of Medical Attendant, or other Person who makes this Return, Miss Hunch

Address, 1 Leadenhall St.

Remarks,



Report of the birth of a child to the Registrar of Vital Statistics, Baltimore City, shall be made by the parent or person who shall hereafter fall to comply with the provisions of this section, shall be subjected to the fine of ten (\$10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

89026

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, 29th Sept 1896

4. Place of Birth, (Street and Number) No. 144 West St.

5. Full Name of Mother, Mary Godsey

6. Mother's Maiden Name, Mary Barker

7. Mother's Birthplace, Virginia

8. Full Name of Father, John Godsey

9. Father's Occupation, Laborer

10. Father's Birthplace, Virginia

Name of Medical Attendant, or other Person who makes this Return, Chas. G. Griffith

Address, 114 W. 1st St.

Remarks,



report the birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subject to the fine of ten (\$10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

89027

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother. (state whether 1st, 2d, 3d, &c.) *second*

1. Sex (state whether male or female) *male*

2. Race or Color, (if not of the white race) *black*

3. Date of Birth, *September the 29 1886*

4. Place of Birth, (Street and Number) *Wilmore, ably three doors above*

5. Full Name of Mother, *anna gross*

6. Mother's Maiden Name, *anna Reed*

7. Mother's Birthplace, *Essex County Virginia*

8. Full Name of Father, *Thomas gross*

9. Father's Occupation, *a Cook*

10. Father's Birthplace, *prince georges County Md.*

Name of Medical Attendant, *Lydia somerville*
or other Person who makes this Return

Address, *15 Clinton ave*

Remarks,

RETURN OF A BIRTH

87028

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th Child

1. Sex, (state whether male or female)

female

2. Race or Color, (if not of the white race)

Colored

3. Date of Birth,

29 Sept 29

4. Place of Birth, (Street and Number)

406 S. Dallas St

5. Full Name of Mother,

Mary J. Brown

6. Mother's Maiden Name,

Mary J. Bryan

7. Mother's Birthplace,

St. Mary's, C.D.

8. Full Name of Father,

Charles Joseph Brown

9. Father's Occupation,

Laborer

10. Father's Birthplace,

Baltimore, Md.

Name of Medical Attendant,

or other Person who makes this Return.

Hester Henderson

Address,

411 S. Dallas St

Remarks,



report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH, 1902

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

1. Name of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2. Sex (state whether male or female)

3. Race or Color, (if not of the white race)

4. Date of Birth

5. Place of Birth. (Street and Number)

6. Full Name of Mother

7. Mother's Maiden Name

8. Mother's Birthplace

9. Full Name of Father

10. Father's Occupation

11. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

Female
White
September 1902
533
Emma K. Flegel
" Silverdale
Carroll Co. Md
Frank A. Flegel
Knicker
Carroll Co. Md
DeWatt mo
282 W. Lombard St

RETURN OF A BIRTH 87030

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd Child

1. Sex, (state whether male or female) Little Girl May

2. Race or Color, (if not of the white race) White

3. Date of Birth, 29th of September 1886

4. Place of Birth, (Street and Number) No. 212 Frederick St.

5. Full Name of Mother, Mrs. Lauterbach

6. Mother's Maiden Name, Miss Rosa Miller

7. Mother's Birthplace, Schwitz

8. Full Name of Father, Mr. John Lauterbach

9. Father's Occupation, Store

10. Father's Birthplace, Bil Bager

Name of Medical Attendant, Mrs. Miller or other Person who makes this Return.

Address, 1017 West Pratt St.

Remarks,

he in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other laws and ordinances are recoverable.

Birth of any child shall occur a return the attendance of the mother, immediately after it shall become the duty of the person or parents of such child, to be in attendance upon the mother, immediately after it shall become the duty of the person or parents of such child, to report in a return to the Office of Registrar of Vital Statistics, Board of Health, Baltimore City, in the manner and within the period above required, and any such person who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

890.31

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,



Sept 3 1890
67 Madison St
Baltimore
Owens

Dr. P. J. ...
21 N. ... St

39032

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1891

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AT

E. Cook

— 22 —

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8. 6. 1968

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1. *Journal of Management Studies*, 1997, 34, 1, 1-14.



by & Co., City Printers and Stationers.

RETURN OF A BIRTH 89033

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,



29th Sept. 1892

100 Battery

Ann Kneel

Mc Lane

Balt

Thomas Kneel

Engraver

Balt

William H. H. H.

100 Battery

be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child, to report the same to the Registrar in the manner and within the period above required, and any such person who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

89034

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5 Th.

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, September 29

4. Place of Birth, (Street and Number) Baltimore Sartoris St 446

5. Full Name of Mother, Mary Gaspare

6. Mother's Maiden Name, Mary Bawch

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Frank C Gaspare

9. Father's Occupation, Hammer

10. Father's Birthplace, Mary Germany

Name of Medical Attendant, or other Person who makes this Return, Mrs. Linnell

Address, 40 North Schenck

Remarks,

In its attendance upon the mother, nurse, or other person, the Registrar of Vital Statistics, Board of Health, in the summer and, within the period above required, and any such person report its birth to the Registrar of Vital Statistics, Board of Health, in the summer and, within the period above required, and any such person or person failing to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other dues and forfeitures are recoverable.

RETURN OF A BIRTH

890.35

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 12th

1. Sex, (state whether male or female) Female
 2. Race or Color, (if not of the white race) White
 3. Date of Birth, Sep 30 1888
 4. Place of Birth, (Street and Number) 353 E. Oper St
 5. Full Name of Mother, Caroline Kreiger
 6. Mother's Maiden Name, " Minick
 7. Mother's Birthplace, Balto
 8. Full Name of Father, John Kreiger
 9. Father's Occupation, Sailor
 10. Father's Birthplace, Balto
- Name of Medical Attendant, or other Person who makes this Return, Mrs Julia Brown
- Address, 940 Gay St
- Remarks,



For every child born in Baltimore City, the Registrar of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this act, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

89036

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *3rd child*

1. Sex, (state whether male or female) *male*

2. Race or Color, (if not of the white race) *Colored*

3. Date of Birth, *September 30th 1916*

4. Place of Birth, (Street and Number) *84 Calverly street*

5. Full Name of Mother, *Emma Arnold*

6. Mother's Maiden Name, *Emma William*

7. Mother's Birthplace, *exten shore Talbot County*

8. Full Name of Father, *John Henry Arnold*

9. Father's Occupation, *Brick maker*

10. Father's Birthplace, *Baltimore md*

Name of Medical Attendant, or other Person who makes this Return *Goreganner Wehl*

Address, *100 29 Wagon*

Remarks,



RETURN OF A BIRTH 89037

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

The 4th child 3rd

1. Sex, (state whether male or female)

female child

2. Race or Color, (if not of the white race)

color child

3. Date of Birth,

The 28th of 30 of September

4. Place of Birth, (Street and Number)

131. hill street

5. Full Name of Mother,

Lettie Smith

6. Mother's Maiden Name,

Lettie Lester

7. Mother's Birthplace,

Stancok reg

8. Full Name of Father,

John Henry Smith

9. Father's Occupation,

drummer

10. Father's Birthplace,

Tollate country

Name of Medical Attendant, or other Person who makes this Return

No. 181 Park street

Address,

Malley Gross

Remarks,



Be in compliance with the law, and report its birth to the Commissioner of Health, in the manner and within the time above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subject to the fine of ten (\$10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

89039

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *3rd*

1. Sex, (state whether male or female) *Female*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth *September 30th 1886*

4. Place of Birth, (Street and Number) *No 31 Leathurst*

5. Full Name of Mother, *Catharine Wengert*

6. Mother's Maiden Name, *Catharine Plumlien*

7. Mother's Birthplace, *Germany*

8. Full Name of Father, *Fredrich Wengert*

9. Father's Occupation, *Laborer*

10. Father's Birthplace, *Germany*

Name of Medical Attendant, or other Person who makes this Return. *Catharine Hermann*

Address, *No 18 Byrd St*

Remarks,



be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child, to report as to the Registrar of Health, in the manner required by law, the name, sex, race, color, date of birth, and any such person who shall be guilty of neglecting to do so, shall be subject to the fine of ten (10) dollars for each offence to be recovered as other laws and ordinances are recoverable.

be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of any child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH ⁸⁹⁰⁴⁰

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2th

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, 30 September

4. Place of Birth, (Street and Number) 412 Lancaster St

5. Full Name of Mother, Lizzie Wagner

6. Mother's Maiden Name, = Glass

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Michael Wagner

9. Father's Occupation, Saladman

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return.

Mrs G. H. H.

Address,

424 Lancaster St

Remarks,



RETURN OF A BIRTH 89041

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) female

2. Race or Color, (if not of the white race) white

3. Date of Birth, September 23rd

4. Place of Birth, (Street and Number) Ballinscore sharp

5. Full Name of Mother, Victoria Risley

6. Mother's Maiden Name, Meeter

7. Mother's Birthplace, Madison Co. Md

8. Full Name of Father, John Risley

9. Father's Occupation, glass Blower

10. Father's Birthplace, England

Name of Medical Attendant, or other Person who makes this Return, Elizabeth Statham

Address, light st. 125

Remarks,

Report is birth to the Commissioner of Health, in this manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 89042

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

7th Child,

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Sept. 30th 1886

4. Place of Birth, (Street and Number)

10 Randell, St.

5. Full Name of Mother,

Celestia Gregory.

6. Mother's Maiden Name,

" Nunnelle,

7. Mother's Birthplace,

Richmond, Va.

8. Full Name of Father,

Amos J. Gregory

9. Father's Occupation,

Wheeler

10. Father's Birthplace,

Balto. City.

Name of Medical Attendant, or other Person who makes this Return.

R. J. H. Tall. M.D.

Address,

152 Sharp St.

Remarks,



be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH,

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

89043

1. Sex (state whether male or female) male

2. Race or Color, (if not of the white race) Colored

3. Date of Birth September 30

4. Place of Birth, (Street and Number) Baltimore Painters Court No. 21

5. Full Name of Mother Sarah Jackson

6. Mother's Maiden Name Burton

7. Mother's Birthplace N. Y.

8. Full Name of Father Harvey Shucker

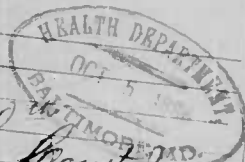
9. Father's Occupation Oyster

10. Father's Birthplace Baltimore

11. Name of Medical Attendant, or other Person who makes this Return. Dr. J. M. Shore

Address 95 Union Street

Remarks another one in family



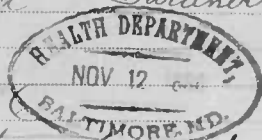
GIVEN NAME ADDED 8-9-88

RETURN OF A BIRTH 89044

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY. Carroll Schudi

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) (2nd) Second Gardner
1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) white
3. Date of Birth, September 30th 1888
4. Place of Birth, (Street and Number) Arlington Baltimore, Md.
5. Full Name of Mother, Elizabeth Helen Gardner
6. Mother's Maiden Name, Elizabeth Helen Schudi
7. Mother's Birthplace, Baltimore, Md.
8. Full Name of Father, J. Henry Gardner
9. Father's Occupation, Cashier Franklin Bank
10. Father's Birthplace, Carroll Co., Md.
- Name of Medical Attendant, or other Person who makes this Return, A. C. Schudi
- Address, 87 N. Park Street
- Remarks,



RETURN OF A BIRTH ⁸⁹⁰⁴⁷

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

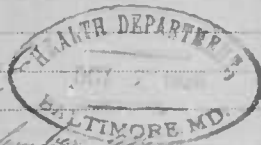
9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this return.

Address,

Remarks,



no in attendance upon the mother, and within the period above required, and any such person report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other laws and ordinances are recoverable.

RETURN OF A BIRTH 89046

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

first
male

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

brown skin

3. Date of Birth,

30 ~~th~~ th of sep

4. Place of Birth, (Street and Number)

Wilmor aly No 12

5. Full Name of Mother,

Ida selba

6. Mother's Maiden Name,

Ida selba

7. Mother's Birthplace,

Accomac Co Vir

8. Full Name of Father,

Edward L. Milton

9. Father's Occupation,

a water

10. Father's Birthplace,

Baltimore City

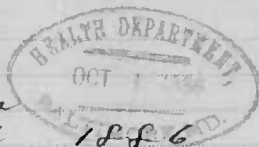
Name of Medical Attendant, or other Person who makes this Return

Lidia Somerville

Address,

13 Clinton ave

Remarks.



RETURN OF A BIRTH

89047

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

first

1. Sex, (state whether male or female)

male

2. Race or Color, (if not of the white race)

African

3. Date of Birth,

Sept 30. 1886

4. Place of Birth, (Street and Number)

334 N. Howard

5. Full Name of Mother,

Alie Brown

6. Mother's Maiden Name,

Alie Chamberlain

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Esq. Brown

9. Father's Occupation,

Coachman

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return

William B. Canfield M.D.

Address,

1010 North Charles St

Remarks,



RETURN OF A BIRTH

89048

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, Sept. 30, 1886

4. Place of Birth, (Street and Number) 10 Wilson St.

5. Full Name of Mother, Kate E. Worley

6. Mother's Maiden Name, Leoline Caroline

7. Mother's Birthplace, Balto. Co.

8. Full Name of Father, Chas. R. Worley

9. Father's Occupation, Policeman

10. Father's Birthplace, Balto. City

Name of Medical Attendant, or other Person who makes this Return, Dr. Christian P. Hill

Address, 576 Madison St.

Remarks,



report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subject to the fine of \$100 dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

89049

The Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

Mother, (state whether 1st, 2d, 3d, &c.)

Other Male or Female)

(if not of the white race)

th (Street and Number)

Mother

den Name

thplace

Father

pati

thplace

Medical Attendant, or other Person who makes this return

first
male

colored

September 30th

Stockholm St

Mrs. Ann Cain

1.1 George

Calvert County

George Booz

Drayman

Baltimore

Charity M. Boulden
17 Stockholm St



RETURN OF A BIRTH ⁸⁹⁰⁵⁰

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, September 30 1886

4. Place of Birth, (Street and Number) 29 Elliott Street

5. Full Name of Mother, anna s smith

6. Mother's Maiden Name, anna e hanson

7. Mother's Birthplace, Baltimore

8. Full Name of Father, George J Smith

9. Father's Occupation, mariner

10. Father's Birthplace, gar moth norwecia

Name of Medical Attendant, Mary Conner or other Person who makes this Return.

Address, 171 Patterson Park Avenue

Remarks, _____



be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child, to
or persons who shall hereafter fail to comply with the provisions of this section, shall be subject to the fine of ten (10) dollars
for each offence to be recovered as other dues and forfeitures are recoverable.

RETURN OF A BIRTH 84051

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

The 3 Child

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

3. Date of Birth,

Dec 30 1896

4. Place of Birth, (Street and Number)

No 22

5. Full Name of Mother,

Mary Eccleston

6. Mother's Maiden Name,

Mary P. Deane

7. Mother's Birthplace,

Eastern Shore Va

8. Full Name of Father,

George Eccleston

9. Father's Occupation,

Carpenter

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return.

Dr. Ch. Sauer

Address,

No 173 Maryland Ave

Remarks,

Bal Md 1896



In attendance upon the undersigned, the following persons, &c. shall receive the duty of the person or persons of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 87052

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1
1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, September 23rd 1886
4. Place of Birth, (Street and Number) Monroe St. Baltimore MD.
5. Full Name of Mother, Elizabeth Engelbach
6. Mother's Maiden Name, Elizabeth Riley
7. Mother's Birthplace, Baltimore MD.
8. Full Name of Father, George W. Engelbach
9. Father's Occupation, laborer
10. Father's Birthplace, Baltimore MD.
- Name of Medical Attendant, or other Person who makes this Return, Mrs. S. Kelly
- Address, No 797 Ball St.
- Remarks, _____



be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child, to report its birth to the Registrar of Health, in the manner and within the period above required, and any such person or persons who fail to do so shall be liable to a fine of ten (\$10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

89053

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

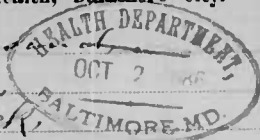
9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,



Male

Black

Sept. 30th 1886

Maternity 113 & 115 W. Lombard St.

Fannie Jefferson

Do

Maryland

L. F. Quirk, M.D.

113 & 115 W. Lombard St.

be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH ⁸⁹⁰⁵¹

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother: (state whether 1st, 2d, 3d, &c.)

2^d Child

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

September 30th 1886
No 3 Vincent St.

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

Delyle Corbrey
" Healy
Ireland

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

Michael Corbrey
England
Ireland

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Anne Lindner
No 45 - O'Morrell

Address,

Remarks,

be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child to report its birth to the Registrar of Vital Statistics, Baltimore City, within the time specified in the regulations, and any person who fails to do so shall be liable to a fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 89065

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

it is a Boy Child

2. Race or Color, (if not of the white race)

it is white

3. Date of Birth,

30 of September

1886

4. Place of Birth, (Street and Number)

Baltimore 165 South ave St

5. Full Name of Mother,

Louisa Langley

6. Mother's Maiden Name,

Louisa Loring

7. Mother's Birthplace,

Manumass County

8. Full Name of Father,

Prince Henry Sr

9. Father's Occupation,

McCurtich Work

10. Father's Birthplace,

Kent County

Name of Medical Attendant, or other Person who makes this Return.

had none

Address,

Harrell Hudson M.D. 115 No 93 harmony lane

Remarks,

It is the duty of the mother, immediately after the birth of a child, to declare its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 89056

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

3. Date of Birth.

22 September

4. Place of Birth, (Street and Number)

41 Albemarle

5. Full Name of Mother,

Fredericka Cramer

6. Mother's Maiden Name.

Schitz

7. Mother's Birthplace,

Germany

8. Full Name of Father,

George Cramer

9. Father's Occupation,

Teacher

10. Father's Birthplace,

Germany

Name of Medical Attendant, or other Person who makes this Return.

Sarah Casper

Address,

72 E. Lombard

Remarks,

be to attendance upon the mother, immediately after delivery, to ascertain the date of the birth of the child, and to report the birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall fail to do so, shall be subject to the fine of \$10 (ten dollars) for each offense to be recovered in other days and forfeitures are recoverable.

RETURN OF A BIRTH ⁸⁹⁰⁵⁸

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 ^{Child}

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) Colored

3. Date of Birth, 31

4. Place of Birth, (Street and Number) Stockholm St 11

5. Full Name of Mother, Margaret L. Sorrell

6. Mother's Maiden Name, Margaret L. Wilson

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Henry Sorrell

9. Father's Occupation, Coloring man

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return, Louise M. Miller

Address, 21 Stockholm St

Remarks, Doing Well



Birth of any child shall occur within the limits of the city of Baltimore, and the person or persons of such child, to be in attendance upon the mother, immediately thereafter it shall be the duty of the person or persons so attending to report its birth to the Commissioner of Health, within the period above required, and any such person or persons who shall neglect to do so, shall be liable to a fine of ten (10) dollars for each offense to be recovered as other laws and ordinances are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, Oct 1/86

4. Place of Birth, (Street and Number) 310 S. Paca St.

Full Name of Mother, Sarah, E. McLean

Mother's Maiden Name, McLeary

7. Mother's Birthplace, City

8. Full Name of Father, Bernard McLean

9. Father's Occupation, Laborer

10. Father's Birthplace, City

Name of Medical Attendant, or other Person who makes this Return. J. M. Blake

Address,

Remarks,

be in attendance upon the mother, immediately thereafter, shall be subject to a fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

89060

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) female

2. Race or Color, (if not of the white race) white

3. Date of Birth Oct. 1. 1886

4. Place of Birth, (Street and Number) 1712 North Calvert

5. Full Name of Mother, Mary Minner Turner

6. Mother's Maiden Name, Crane

7. Mother's Birthplace, Mo

8. Full Name of Father, Paul Turner

9. Father's Occupation, Insurance Agt.

10. Father's Birthplace, West Va

Name of Medical Attendant, or other Person who makes this Return. G Lane Daneybire

Address, 219, 922 Madison Ave

Remarks, Instrument and Chloroform.

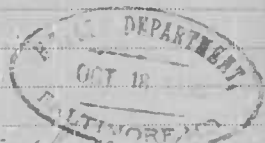


to be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) Dollars for each offence to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 89064

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *first*
1. Sex, (state whether male or female) *female*
2. Race or Color, (if not of the white race) *Colored*
3. Date of Birth, *October 1st 1886*
4. Place of Birth, (Street and Number) *45 Druidhill*
5. Full Name of Mother, *Bettie Brooks*
6. Mother's Maiden Name, *Bettie Cook*
7. Mother's Birthplace, *Mathews County Virginia*
8. Full Name of Father, *William Brooks*
9. Father's Occupation, *Writer*
10. Father's Birthplace, *Calvert County Maryland*
- Name of Medical Attendant, or other Person who makes this return, *Dr. Anna John*
- Address, *94 Lytle street*
- Remarks, _____



Certificate between the birth and death of any child shall occur without the attendance of a physician or practitioner of midwifery or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be liable to the fine of ten (10) dollars for each offense to be recovered.

RETURN OF A BIRTH ⁸⁹⁰⁶²

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth

4. Place of Birth, (Street and Number)

5. Full Name of Mother.

6. Mother's Maiden Name,

7. Mother's Birthplace.

8. Full Name of Father.

9. Father's Occupation.

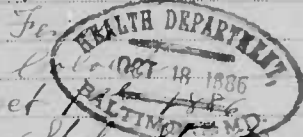
10. Father's Birthplace.

Name of Medical Attendant, or other Person who makes this return.

Address,

Remarks,

10th



320. State Street

Lizzie Gilmore

Tralen

Lancaster county Va

Thomas Gilmore

Labourer

Lancaster county Va.

Mrs Anni Johnson

94 Tyson street

be in attendance upon the mother immediately thereafter to assist in securing the duty of the person or persons of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense in be recovered as other fines and forfeitures are recoverable

Birth of any child shall be reported to the Registrar of Vital Statistics, Baltimore City, by the parent or parents of such child, to be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons so required, and any such person report its birth to the Commissioner of Health, in the manner and within the period when required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (\$10) dollars for each offense to be recovered as other laws and ordinances are recoverable.

RETURN OF A BIRTH ⁸⁹⁰⁶³

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st*

1. Sex, (state whether male or female) *Female*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *Oct. ~~Sept~~ 1st 1886*

4. Place of Birth, (Street and Number) *187 Conway St*

5. Full Name of Mother, *Mrs Emma Ramsower*

6. Mother's Maiden Name, *Emma Young*

7. Mother's Birthplace, *Baltimore*

8. Full Name of Father, *Mr Ramsower*

9. Father's Occupation, *Engineer*

10. Father's Birthplace, *Howard Co*

Name of Medical Attendant, or other Person who makes this Return, *D. S. Phillips*

Address, *735 W. Lombard St*

Remarks,

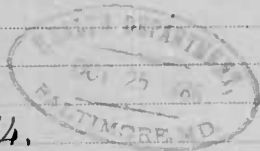
RETURN OF A BIRTH

87064

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2^d Child

1. Sex, (state whether ~~male or~~ female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, October the 1. 1886
4. Place of Birth, (Street and Number) S. Central St. 14.
5. Full Name of Mother, Mary Mc Mahon
6. Mother's Maiden Name, Mary Gillen
7. Mother's Birthplace, Bald^e City
8. Full Name of Father, Bernhard Mc Mahon
9. Father's Occupation, Lester Carrier
10. Father's Birthplace, Bald^e City



Name of Medical Attendant, Mary E. Müller
 Address, N. Dallas St. No 26. Room No 114

Remarks,

be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of full age and sound mind to report the birth to the Commissioner of Health, in the manner and within the period above required, and any neglect or refusal to do so on the part of the person or persons so required, shall be deemed to be a violation of the law, and the person or persons so neglecting or refusing to do so, shall be liable to a fine of ten (10) dollars for each offense in be recovered as other fines and forfeitures are recoverable.

be in attendance upon the mother immediately thereafter, it shall become the duty of the parents or persons of such child, to report the birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

Over RETURN OF A BIRTH *89060*

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *6*

Name *Friedrich Wilhelm Jahnigen*

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *April 1/1886*

4. Place of Birth, (Street and Number) *97 Patterson St*

5. Full Name of Mother, *Mary Jahnigen*

6. Mother's Maiden Name, *Maria Schneider*

7. Mother's Birthplace, *Germany*

8. Full Name of Father, *Charles T. Jahnigen*

9. Father's Occupation, *Store Keeping*

10. Father's Birthplace, *Germany*

Name of Medical Attendant, or other Person who makes this Return, *D. J. Jones*

Address, *1007 N. E. St*

Remarks,

RETURN OF A BIRTH

89066

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

One Child

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

Colored Race

3. Date of Birth,

Oct 21st 1888

4. Place of Birth, (Street and Number)

10 Mc Callum St

5. Full Name of Mother,

Liza Wilson

6. Mother's Maiden Name,

Liza Ford

7. Mother's Birthplace,

West River

8. Full Name of Father,

William Wilson

9. Father's Occupation,

Labourer

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return,

Lucinda H. H. H.

Address,

43 E. Regester St

Remarks,

Birth of any child shall occur without the attendance of a physician or other person, and the mother shall be in attendance upon the mother, immediately to report the birth to the Registrar of Vital Statistics, within the period above required, and any such person or persons failing to do so, shall be liable to a fine of ten (10) dollars for each offence to be recovered.

RETURN OF A BIRTH

89067

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Second child*

1. Sex, (state whether male or female) *Male child*

2. Race or Color, (if not of the white race) *Caucasian child*

3. Date of Birth, *October 11th 1886*

4. Place of Birth, (Street and Number) *233 Durham Street*

5. Full Name of Mother, *Louisa Stewart*

6. Mother's Maiden Name, *Louisa Glen*

7. Mother's Birthplace, *Born in Baltimore County*

8. Full Name of Father, *Joseph J. Lee*

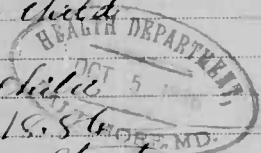
9. Father's Occupation, *Work in Brick yard*

10. Father's Birthplace, *Born in Baltimore*

Name of Medical Attendant, or other Person who makes this Return.

Address, *Darkie Tinsley*

Remarks, *Chesnut Street No 308*



no in attendance upon the birth of a child, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

8th Child

1. Sex, (state whether male or female)

Little Girl

2. Race or Color, (if not of the white race)

White race

3. Date of Birth,

Born 1st of Oct 1886

4. Place of Birth, (Street and Number)

No 7 Prince St

5. Full Name of Mother,

Mrs Minnie Reider

6. Mother's Maiden Name,

Miss Minnie Shipley

7. Mother's Birthplace,

West Preiren

8. Full Name of Father,

Mr France Reider

9. Father's Occupation,

Labour

10. Father's Birthplace,

West Preiren

Name of Medical Attendant, or other Person who makes this Return.

Mrs. Miller

Address,

1017 West Pratt St

Remarks,

Be in attendance upon the mother, immediately thereafter, if dead, become the duty of the person of legal age, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH ⁸⁹⁰⁶⁹

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

Female.

2. Race or Color, (if not of the white race)

Cafard.

3. Date of Birth,

Oct. 1st.

4. Place of Birth, (Street and Number)

No 38 Hampstead St.

5. Full Name of Mother,

Murtha Taylor.

6. Mother's Maiden Name,

Murtha Barnett

7. Mother's Birthplace,

Baltimore Maryland

8. Full Name of Father,

Thomas Taylor.

9. Father's Occupation,

labor.

10. Father's Birthplace,

Baltimore.

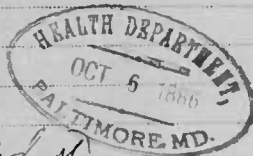
Name of Medical Attendant, or other Person who makes this Return.

Elizabeth W. Courney.

Address,

No 63 Bethel

Remarks,



be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any person who neglects to do so, or persons who shall hereafter fail to comply with the provisions of this act, shall be subject to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH ^{890 70}

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

October 1

4. Place of Birth, (Street and Number)

130 York Street

5. Full Name of Mother,

May White

6. Mother's Maiden Name,

Princess George's County, Md

7. Mother's Birthplace,

Eddie White

8. Full Name of Father,

Sailor

9. Father's Occupation,

Caulker can't read

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

May McAlle

Address,

142 York Street

Remarks,

Report its birth to the Registrar of the City, or the Registrar of the County, or the Registrar of the State, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) Dollars for each offense to be recovered as other laws and ordinances are recoverable.

report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 8th

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth Oct 1st

4. Place of Birth, (Street and Number) # 215 Hudson

5. Full Name of Mother, Mrs. Frederica Buddenstein

6. Mother's Maiden Name, Kahlkopf

7. Mother's Birthplace, Germany

8. Full Name of Father, Henry Buddenstein

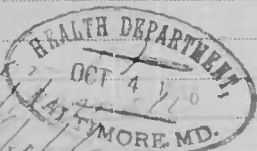
9. Father's Occupation, Storekeeper

10. Father's Birthplace, Germany

Name of Medical Attendant, or other Person who makes this Return. Mrs. Gotsche

Address, # 55 2nd St

Remarks,



RETURN OF A BIRTH ⁸⁹⁰⁷²

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Second (2d)

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

October 1st, 1886

4. Place of Birth, (Street and Number)

37 Belair Avenue

5. Full Name of Mother,

Mrs. Mary Virginia Parlette

6. Mother's Maiden Name,

Mrs. Mary Virginia Clark

7. Mother's Birthplace,

Baltimore, Maryland

8. Full Name of Father,

Mr. Daniel H. Parlette

9. Father's Occupation,

Laborer

10. Father's Birthplace,

Baltimore County, Md.

Name of Medical Attendant, or other Person who makes this Return.

Wm. McQuinn, M.D.

Address,

No. 418 North Broadway

Remarks,



report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person shall be liable to a fine of ten dollars for each offense to be recovered as other fines and forfeitures are recoverable.

request the clerk for the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH ⁸⁹⁰⁷³

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,



The 1 October 1890
No 164 Greenmount Ave

Mary Parr
Mary Driscoll
Baltimore

Joseph Parr
Farmer
Germany

Mrs Ch. Parr
Bal. Md

1 No 173 Maryland Ave

RETURN OF A BIRTH 840711

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, Oct 2 1886

4. Place of Birth, (Street and Number) 412 North Charles St

5. Full Name of Mother, Harbor Burns

6. Mother's Maiden Name, Harbor B. Rodgers

7. Mother's Birthplace, Baltimore

8. Full Name of Father, William Burns

9. Father's Occupation, Inspector

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return, Salma J. Quillan

Address, No 23 West St

Remarks, _____



If the birth is to the Commission of the City of Baltimore, the provisions of this section, shall be subject to the fine of ten (10) dollars for each offense to be recovered as other laws and ordinances are recoverable.

RETURN OF A BIRTH ⁸⁹⁰⁷⁵

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

3rd Child

1. Sex, (state whether male or female)



2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

69 E. Pratt St

5. Full Name of Mother,

Kate Lucas

6. Mother's Maiden Name,

" Bonner

7. Mother's Birthplace,

St. Louis

8. Full Name of Father,

Charles Lucas

9. Father's Occupation,

Painter

10. Father's Birthplace,

St. Michaels Md

Name of Medical Attendant, or other Person who makes this Return.

Dr. A. Cooke M.D.

Address,

110 E. Pratt St

Remarks,

or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH ⁸⁹²⁷⁶

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Second Child*
1. Sex, (state whether male or female) *Male Child*
2. Race or Color, (if not of the white race) *White Race*
3. Date of Birth. *Born October 1st*
4. Place of Birth, (Street and Number) *Born at 404 East Lombard St.*
5. Full Name of Mother, *Mrs. Mary Wilkins*
6. Mother's Maiden Name, *Miss Mary White*
7. Mother's Birthplace, *Baltimore City*
8. Full Name of Father, *Alexander Wilkins*
9. Father's Occupation, *Engineer*
10. Father's Birthplace, *Baltimore City*
- Name of Medical Attendant, or other Person who makes this Return. *Mrs. Rebecca A. Taylor*
- Address, *formerly Mrs. R. A. Garrett, # 65. Burke St.*
- Remarks,



RETURN OF A BIRTH 89077

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2th*

1. Sex, (state whether male or female) *Female*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *1st Dec*

4. Place of Birth, (Street and Number) *154 Madrysa Ave*

5. Full Name of Mother, *Minna Liersemann*

6. Mother's Maiden Name, *= Link*

7. Mother's Birthplace, *Hatzenhausen*

8. Full Name of Father, *Julius Liersemann*

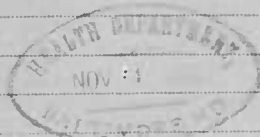
9. Father's Occupation, *Laborm*

10. Father's Birthplace, *Hatzenhausen*

Name of Medical Attendant, or other Person who makes this return. *Dr. G. Weiss*

Address, *424 Lancaster St*

Remarks,



Report as to the Cause of Death, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

Page 8

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. ☒ Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this return

Address,

Remarks,



6
female
White
October 1
No 10 Holland & Ave.
Hanna Han Bokern
Hannal Keene
Baltimore City
Frederick A. Van Bokern
Seyver
Baltimore
J. W. Warden
No 120 Greenmount Ave.

RETURN OF A BIRTH ⁸⁹⁰⁷⁹

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. Sex, (state whether male or female) male

2. Race or Color, (if not of the white race) white

3. Date of Birth, October 1

4. Place of Birth, (Street and Number) 159 Madison St

5. Full Name of Mother, Mary Ann

6. Mother's Maiden Name, Malden

7. Mother's Birthplace, Richmond, Va.

8. Full Name of Father, James

9. Father's Occupation, labor

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return Dr. J. B. Smith

Address, 213 E. 1st St

Remarks,

should no other person be at or examine upon the mother, immediately after the birth, in the manner, and duty of the parent or parents of such child, to report to the Registrar of Vital Statistics, Baltimore City, within the period above required, hereunder fail to comply with the provisions of this section shall be subject to a fine of not more than \$100, and each offense, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH ⁸⁹⁰⁸⁰

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2nd

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Oct 9 1886

4. Place of Birth, (Street and Number)

48 Montgomery St

5. Full Name of Mother,

Jennie Porter

6. Mother's Maiden Name,

Jennie Burns

7. Mother's Birthplace,

Me

8. Full Name of Father,

Joseph Porter

9. Father's Occupation,

Carpenter

10. Father's Birthplace,

Me

Name of Medical Attendant, or other Person who makes this Return.

H. B. Noble M.D.

Address,

New St. 301 Harma or

Remarks,

Coety

RETURN OF A BIRTH ⁸⁹⁰⁸¹

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, October

4. Place of Birth, (Street and Number) Masbenge St

5. Full Name of Mother, Catherine Quinn

6. Mother's Maiden Name, Catherine Kelly

7. Mother's Birthplace, Ireland

8. Full Name of Father, Patrick Quinn

9. Father's Occupation, Painter

10. Father's Birthplace, Ireland

Name of Medical Attendant, Susan Shurtz
or other Person who makes this Return.

Address, 25 N. Poppleton St

Remarks,



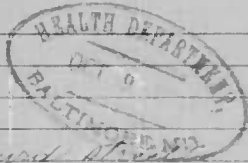
Persons who fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH, 89082

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

- of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6
1. Sex (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth 1st October
4. Place of Birth, (Street and Number) Baltimore 41 Bayard Street
5. Full Name of Mother Annie Roden
6. Mother's Maiden Name Annie Cummings
7. Mother's Birthplace Quester Pennsylvania
8. Full Name of Father William Randolph Reader
9. Father's Occupation Fisherman
10. Father's Birthplace Eleat Lansing Md
- Name of Medical Attendant, or other Person who makes this Return. Elizabeth Donaldson
- Address 79 Bayard Street
- Remarks Mother and child is doing well



RETURN OF A BIRTH 89083

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *6th*

1. Sex, (state whether male or female) *female*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *Oct the 1st*

4. Place of Birth, (Street and Number) *213 Chester st near Hoffman*

5. Full Name of Mother, *Mary Binan*

6. Mother's Maiden Name, *Mary C 41*

7. Mother's Birthplace, *Baltimore*

8. Full Name of Father, *Conrad Binan*

9. Father's Occupation, *Merchant and Cor*

10. Father's Birthplace, *Baltimore*

Name of Medical Attendant, or other Person who makes this Return. *Mrs. Brun*

Address, *106 Chester st near Belvoir corner*

Remarks, *11'*



Persons who shall heretofore fail to comply with the provisions of this section, shall be subjected to the fine of ten (\$10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

890814

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.) 2. 1st.

1. Sex, (state whether male or female) Male.

2. Race or Color. (if not of the white race) Colored.

3. Date of Birth. 1st of Oct.

4. Place of Birth, (Street and Number) 1040 Upstart St.

5. Full Name of Mother. Martha Lawrence.

6. Mother's Maiden Name. Martha Cook.

7. Mother's Birthplace. Helena Middlesex Co. Va.

8. Full Name of Father. Richard Lawrence.

9. Father's Occupation. Teacher.

10. Father's Birthplace. Wilmington N. C.

Name of Medical Attendant, or other Person who makes this Return. Mrs. Annie Johnson

Address. 94. Myrtle St.

Remarks.



Report the birth to the Commissioner of the Department of Health, Baltimore City, within 24 hours after the birth, and any other person who fails to do so, shall be subjected to the fine of ten (\$10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH ⁸⁹⁰⁸⁵

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

second

1. Sex, (state whether male or female)

male

2. Race or Color, (if not of the white race)

Colored

3. Date of Birth

Oct 1st

4. Place of Birth, (Street and Number)

No 2 Lombard

5. Full Name of Mother

Carrie Lee

6. Mother's Maiden Name

Matherus

7. Mother's Birthplace

Baltimore City

8. Full Name of Father

James Lee

9. Father's Occupation

B Porter

10. Father's Birthplace

Baltimore

Name of Medical Attendant, or other Person who makes this Return.

Annie Johnson

Address

94 Tyson Street

Remarks



or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered in other fines and forfeitures are recoverable.

RETURN OF A BIRTH

89086

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Fifth

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth.

October 6

1886

4. Place of Birth, (Street and Number)

448 W. Washington St.

5. Full Name of Mother,

Florence C. Schant

6. Mother's Maiden Name,

Florence C. Arniger

7. Mother's Birthplace,

Baltimore Md

8. Full Name of Father,

Charles B. Schant

9. Father's Occupation,

Teacher

10. Father's Birthplace,

Baltimore Md

Name of Medical Attendant, or other Person who makes this return

Wm. H. B. Schant

Address,

24 No 28. E. N. 116 R. Springfield, Baltimore

Remarks,

M.D.

or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other laws and ordinances are recoverable.

report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH ⁸⁹⁰⁸⁷

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. Sex, (state whether male or female) female

2. Race or Color, (if not of the white race) white

3. Date of Birth, October 1st 1886

4. Place of Birth, (Street and Number) 72 Harrison St.

5. Full Name of Mother, Chayeh Heiman

6. Mother's Maiden Name, Chayeh Getchman

7. Mother's Birthplace, Russia

8. Full Name of Father, Mayer Heiman

9. Father's Occupation, Tailor

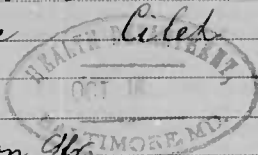
10. Father's Birthplace, Russia

Name of Medical Attendant, or other Person who makes this Return.

E. Scherman

Address, at Penna. st. n 103.

Remarks,



RETURN OF A BIRTH.

89089
89098

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *8th*

1. Sex, (state whether male or female) *Male*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth *October 1st 1886*
4. Place of Birth, (Street and Number) *N^o 11 Battery*
5. Full Name of Mother, *Elizabeth Schnhart*
6. Mother's Maiden Name, *Elizabeth Ferscht*
7. Mother's Birthplace, *Baltimore*
8. Full Name of Father, *Adam Schnhart*
9. Father's Occupation, *Laborer*
10. Father's Birthplace, *Baltimore*

Name of Medical Attendant, or other Person who makes this Return. *Catharine Hornung*

Address, *N^o 18 Byrd st*

Remarks, _____



report its birth to the Commissioner of Health, in the manner and within the time hereinafter provided, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

89087

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *6th.*

1. Sex (state whether male or female),

Male

2. Race or Color (if not of the white race),

White

3. Date of Birth,

October 2d. 1886

4. Place of Birth (Street and Number),

No. 189 N. Carroll St.

5. Full Name of Mother,

Annie Stab.

6. Mother's Maiden Name,

Annie Rothaupt.

7. Mother's Birthplace,

Balto.

8. Full Name of Father,

Frederick Stab.

9. Father's Occupation,

Bricklayer

10. Father's Birthplace,

Germany.

Name of Medical Attendant, or other person who makes this Return.

M. N. Butt.

Address, *185 S.E. cor Central av. & Monument St.*

Remarks, *447 All Well*

the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 89090

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2
1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) white
3. Date of Birth, 24 Oct
4. Place of Birth, (Street and Number) Baltimore City 13 Living St
5. Full Name of Mother, Maggie Conway
6. Mother's Maiden Name, Maggie Quinn
7. Mother's Birthplace, Baltimore City
8. Full Name of Father, Michael J Conway
9. Father's Occupation, Print Moulder
10. Father's Birthplace, Alexandria Va
- Name of Medical Attendant, or other Person who makes this Return, _____
- Address, _____
- Remarks, _____

or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 89091

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st*

1. Sex, (state whether male or female) *male*

2. Race or Color, (if not of the white race) *Caucasian*

3. Date of Birth, *Oct 2nd 1886*

4. Place of Birth, (Street and Number) *189 Lincolnton Ave*

5. Full Name of Mother, *Phoebe Bennett*

6. Mother's Maiden Name, *Phoebe Lambey*

7. Mother's Birthplace, *Lincoln Ann. Co. Md*

8. Full Name of Father, *Charles Bennett*

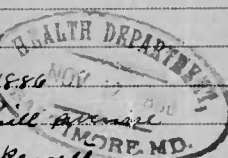
9. Father's Occupation, *Truck driver*

10. Father's Birthplace, *Baltimore*

Name of Medical Attendant, or other Person who makes this Return *Leiter Holness*

Address, (near number) *484 W. Monument St*

Remarks, (if number) *89 E. monument*



report his birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (\$10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 89092

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2
1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) _____
3. Date of Birth, 2^d day October
4. Place of Birth, (Street and Number) 47. Washington Ave
5. Full Name of Mother, Emma C. Lane
6. Mother's Maiden Name, Emma C. Blair
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Edw. J. Lane
9. Father's Occupation, Iron Moulder
10. Father's Birthplace, Baltimore
- Name of Medical Attendant, or other Person who makes this Return. Mrs. L. L. L. L.
- Address, 92 North Charles St.
- Remarks, _____

or persons who shall hereafter fail to comply with the provisions of this act (law), shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other laws and ordinances are recoverable.

RETURN OF A BIRTH 89093

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female)...

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,

Female
Colored
October 2
131 West Street
Annie William
Annie Campbell
Cambridge Md
John S William
Labor
Salber
May Mahle
142 York Street

of persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

89094

Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

Order, (state whether 1st, 2d, 3d, &c.)

Male or Female)

Color of the white race)

Street and Number)

Other

Name

Place

Other

Location

Place

Attendant, or other Person who makes this return

Sex

Male

Colored

October 2.

3 Chestnut Ave.

Mary A. Young

Mary H. Ross

Harford County

James Young

Walter

Baltimore County

Charity Bouldin

7. Stockholm Street.



RETURN OF A BIRTH

89095

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

First

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

Black

3. Date of Birth,

Oct. 2d. 1888

4. Place of Birth, (Street and Number)

Academy 1124 115 W. Lombard St.

5. Full Name of Mother,

Emma Johnson

6. Mother's Maiden Name,

Do.

7. Mother's Birthplace,

Maryland

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

L. J. Rankin M.D.

Address,

1124 115 W. Lombard St.

Remarks,

Report as to the cause of the death of the child, or the cause of the stillbirth, shall be made by the physician, or other person who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (\$10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH,

89096

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

First

1. Sex (state whether male or female)

male

2. Race or Color, (if not of the white race)

white

3. Date of Birth

Oct 2, '06

4. Place of Birth, (Street and Number)

276 W. Lombard

5. Full Name of Mother

Fannie Etchison

6. Mother's Maiden Name

" "

7. Mother's Birthplace

Friedrich Conrad

8. Full Name of Father

J. S. Solenberg -

9. Father's Occupation

clerk -

10. Father's Birthplace

Virginia -

Name of Medical Attendant, or other Person who makes this Return.

Howarth M.D.

Address

276 W. Lombard St.

Remarks

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *2* *Isidore Lewis*

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth *October 2nd 1886*

4. Place of Birth, (Street and Number) *26 Albemarle St.*

5. Full Name of Mother, *Minnie (Lewis) Lewis*

6. Mother's Maiden Name, *Minnie Israel*

7. Mother's Birthplace, *Russia*

8. Full Name of Father, *Meyer (Levin) Lewis*

9. Father's Occupation, *Russian Pedaler*

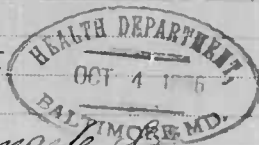
10. Father's Birthplace, *Russia*

Name of Medical Attendant, or other Person who makes this Return.

R. Justman

Address, *No 46 Keshline St.*

Remarks, *Baltimore Md.*



Report the birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

over 89098

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

Name: Charles J. Engleman, Jr.
No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether male or female)

2. Race or Color (if not of the white race)

3. Date of Birth

4. Place of Birth (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

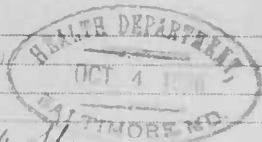
9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks



RETURN OF A BIRTH ⁸⁹⁰⁹⁹

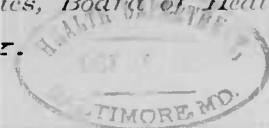
To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *First Child*
1. Sex, (state whether male or female) *Female*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *October the Second 1886*
4. Place of Birth, (Street and Number) *No 9 - N. Pine Street*
5. Full Name of Mother, *Martha Victorinne Risley*
6. Mother's Maiden Name, *Martha Victorinne Totzauer*
7. Mother's Birthplace, *Paris, France.*
8. Full Name of Father, *Octavius White Risley*
9. Father's Occupation, *Grocer.*
10. Father's Birthplace, *Wilmington N. C.*
- Name of Medical Attendant, or other Person who makes this Return *Mrs W. M. Marmel Midwife*
- Address, *No 10 Pearl Str.*
- Remarks,

RETURN OF A BIRTH 89100

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



No. Child of Mother, (state whether 1st, 2d, 3d, (6c.)

7th

1. Sex, (state whether male or female)

male

2. Race or Color, (if not of the white race)

W

3. Date of Birth,

20 Oct 1886

4. Place of Birth, (Street and Number)

390 Federal St

5. Full Name of Mother,

Mary E. Olin

6. Mother's Maiden Name,

" " Brachner

7. Mother's Birthplace,

Balto

8. Full Name of Father,

Robt. B. Olin

9. Father's Occupation,

Salesman

10. Father's Birthplace,

Baltim

Name of Medical Attendant, or other person who makes this Return.

J. W. Delaney

Address, 110 Hancock

Remarks,

RETURN OF A BIRTH 89102

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1
1. (state whether male or female) male
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, october 2 ~~castle st new chest~~ chest
4. Place of Birth, (Street and Number) castle st new chest
5. Full Name of Mother. Mary brown
6. Mother's Maiden Name, Mary hest
7. Mother's Birthplace, virginia
8. Full Name of Father. john brown
9. Father's Occupation, labor
10. Father's Birthplace, virginia
- Name of Medical Attendant, or other Person who makes this Return J. H. Gussle
- Address. 1000 1st st of hauled
- Remarks.

RETURN OF A BIRTH. ⁸⁹¹⁰³

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2^d

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth 2^d Oct. 1886

4. Place of Birth, (Street and Number) Tobacco St. 33

5. Full Name of Mother, Merie Schwarz

6. Mother's Maiden Name, Kalisch

7. Mother's Birthplace, Germany

8. Full Name of Father, Franz Schwarz

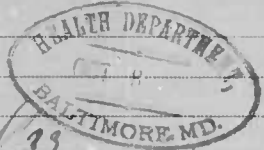
9. Father's Occupation, Tobacco Man

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return.

Address, Elizabeth & N. 5th St. 5th Floor, Schuyler

Remarks, L



report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 89104

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First
1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, 2nd Oct. 1896
4. Place of Birth, (Street and Number) No. 20 Patterson Park Ave. Baltimore, Md.
5. Full Name of Mother, Anna Francisca Kommalan
6. Mother's Maiden Name, Anna Francisca Fritsch
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Friederick Kommalan
9. Father's Occupation, Stove finisher
10. Father's Birthplace, Baltimore
- Name of Medical Attendant, or other Person who makes this Return. Mr. Wiley
- Address, No 30 Patterson Park Ave.
- Remarks,

RETURN OF A BIRTH

89105

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Second child*

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race) *White race*

3. Date of Birth, *Second of October*

4. Place of Birth, (Street and Number) *348 Little Alice ann St.*

5. Full Name of Mother, *Louise Snyder*

6. Mother's Maiden Name, *Louise Compteda*

7. Mother's Birthplace, *Baltimore*

8. Full Name of Father, *William Snyder*

9. Father's Occupation, *Labor*

10. Father's Birthplace, *Baltimore*

Name of Medical Attendant, or other Person who makes this Return

Mr Wilg

Address, *No 30 Patterson Park E.*

Remarks,



RETURN OF A BIRTH ⁸⁹¹⁰⁶

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. Sex, (state whether male or female) child

2. Race or Color, (if not of the white race) white

3. Date of Birth, October the 10th

4. Place of Birth, (Street and Number) Baltimore Harbor St

5. Full Name of Mother, Alice Mason

6. Mother's Maiden Name, Anderson

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Samuel Mason

9. Father's Occupation, laborer

10. Father's Birthplace, North Carolina

Name of Medical Attendant, or other Person who makes this Return. Elizabet H. Halloran

Address, Light St No 532

Remarks,

report its title in full form, to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 89107

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. ☒ Child of Mother, (state whether 1st, 2d, 3d, &c.) *First.*

1. Sex, (state whether male or female) *Female*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *Oct. 2^d 1886*

4. Place of Birth, (Street and Number) *128 Conway St.*

5. Full Name of Mother, *Lina Mende*

6. Mother's Maiden Name, *Graas*

7. Mother's Birthplace, *Germany*

8. Full Name of Father, *Henry Mende*

9. Father's Occupation, *Book Keeper*

10. Father's Birthplace, *Germany*

Name of Medical Attendant, or other Person who makes this Return.

Wm. Cornbel M.D.

Address,

170 S. Sharp St.

Remarks,

RETURN OF A BIRTH 89108

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *this is the 5th one*

1. Sex, (state whether male or female) *female*

2. Race or Color, (if not of the white race) *colored*

3. Date of Birth, *october 22nd*

4. Place of Birth, (Street and Number) *121 welcom aly*

5. Full Name of Mother, *Mary E Benson*

6. Mother's Maiden Name, *Mary E Morris*

7. Mother's Birthplace, *chester town*

8. Full Name of Father, *Edgar Benson*

9. Father's Occupation, *Drum*

10. Father's Birthplace, *Baltimore Md*

Name of Medical Attendant, or other Person who makes this Return, *Emily Gross*

Address, *151 York St*

Remarks,



Report its birth to the Commissioner of Health, in the manner and within the period above required, and any other person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

any of the parent or guardian of such child to report its birth to the Board of Health in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person to persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offense, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH⁸⁹¹⁰⁹

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *3rd*

1. Sex, (state whether male or female)
 2. Race or Color, (if not of the white race)
 3. Date of Birth, *October 3rd 1886*
 4. Place of Birth, (Street and Number) *435 N. Gay St.*
 5. Full Name of Mother, *Estelle T. McKay*
 6. Mother's Maiden Name, *" " McKenier*
 7. Mother's Birthplace, *Baltimore City -*
 8. Full Name of Father, *Wm. L. McKay -*
 9. Father's Occupation, *Telegraph Instrument-maker*
 10. Father's Birthplace, *Baltimore City -*
- Name of Medical Attendant, or other Person who makes this Return *Wm. L. Russell*
Address, *800 N. Broadway -*
Remarks,



RETURN OF A BIRTH ⁸⁹¹¹⁰

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (~~state whether 1st, 2d, 3d, &c.~~)

1. Sex, (~~state whether male or female~~)

2. Race or Color, (~~if not of the white race~~)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

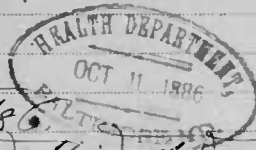
9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, [&] or other Person who makes this Return.

Address,

Remarks,



Oct 2nd / 86.

544 David N. Hill Ave.

Anna M. Brooks.

Anna M. Hoffmann.

Baltimore City.

Winifred A. Brooks, Esq.

Lawyer.

Baltimore City, Md.

John J. C. Boyd, M.D.

943 Lexington St.

Born at the 8th Ward, Baltimore, Md.

Infant born at delivery, & exhausted.

Report the birth to the Commissioner of Health in the manner and within the time specified in the regulations. For each offence to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Eleventh

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Oct. 2, 1886

4. Place of Birth, (Street and Number)

458 Mount St

5. Full Name of Mother,

Emma Ann Woodfall

6. Mother's Maiden Name,

Emma Ann Coombs

7. Mother's Birthplace,

East Islington Eng

8. Full Name of Father,

Thomas Woodfall

9. Father's Occupation,

Wood engraver

10. Father's Birthplace,

Eng

Name of Medical Attendant, or other Person who makes the Return

Dr. W. J. Chappell

Address,

N. E. Co. Presbiterian Brother St.

Remarks,



Persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st*

1. Sex, (state whether male or female) *Female*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *Oct 1st 1881*

4. Place of Birth, (Street and Number) *181 Madison St.*

5. Full Name of Mother, *Lepha Dugan*

6. Mother's Maiden Name, *Winnings*

7. Mother's Birthplace, *Baltimore*

8. Full Name of Father, *Wm J. Dugan*

9. Father's Occupation, *Saloon Clerk*

10. Father's Birthplace, *Baltimore*

Name of Medical Attendant, or other Person who makes this Return, *Frederick C. McCall*

Address, *1816 Maryland St.*

Remarks,

Report in birth to the Commissioner of Health in the manner and within the period above required, and any such person who fails to do so, shall be liable to a fine of ten dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

89113

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st

1. Sex (state whether male or female)

Female

2. Race or Color (if not of the white race)

White

3. Date of Birth

October 2nd 1886

4. Place of Birth (Street and Number)

415 E. Fayette St. old number

5. Full Name of Mother

Mellie L. Busch

6. Mother's Maiden Name

Mellie L. Krumm

7. Mother's Birthplace

Baltimore Md

8. Full Name of Father

Jacob Busch

9. Father's Occupation

Sergeant of Police

10. Father's Birthplace

Germany

Name of Medical Attendant, or other Person who makes this Return.

J. S. Lynch

Address

4 S. Broadway

Remarks

name of the mother of such child or children.

report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other laws and forfeitures are recoverable.

RETURN OF A BIRTH.

89114

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

4

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth

Oct 3

4. Place of Birth, (Street and Number)

4 Hug

5. Full Name of Mother,

Ann Miller Brown

6. Mother's Maiden Name,

Ann Miller King

7. Mother's Birthplace,

Harford

8. Full Name of Father,

James H. Brown

9. Father's Occupation,

Farmer

10. Father's Birthplace,

Harford

Name of Medical Attendant, or other Person who makes this Return.

Dr. J. H. Williams

Address,

1211 N. E. St.

Remarks,

Child born at home



RETURN OF A BIRTH

89115

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

154 Child

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

3. Date of Birth

4. Place of Birth, (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return

Address

Remarks



154 Hanover st.
Lizzie Kretzschmar

America
Rudolph Kretzschmar
Cabinetmaker
Germany

J. L. Swasser, Midwife
930 Hanover st.

Report of Birth in this certificate must be made by the mother or persons who shall hereafter fall to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

89116

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race) *Colored*

3. Date of Birth, *Oct 3 1886*

4. Place of Birth, (Street and Number) *tenant st*

5. Full Name of Mother, *Mary E. Bond*

6. Mother's Maiden Name, *Mary Coleman*

7. Mother's Birthplace, *Mornings Miller*

8. Full Name of Father, *William Bond*

9. Father's Occupation, *laborer*

10. Father's Birthplace, *harford county*

Name of Medical Attendant, or other Person who makes this Return, *cholloty, peter M & son*

Address, *# 105 Carlton*

Remarks,



Be to the Registrar of Health, in the manner and within the period above required, and any such person or persons who shall heretofore fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

89117

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

3d October 1876

4. Place of Birth, (Street and Number)

85 Camden St

5. Full Name of Mother,

Amie Bateman

6. Mother's Maiden Name,

" Miller

7. Mother's Birthplace,

W. Virginia

8. Full Name of Father,

John Bateman

9. Father's Occupation,

Saloonman

10. Father's Birthplace,

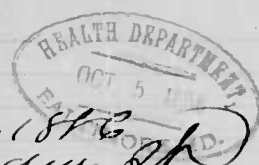
N. Carolina

Name of Medical Attendant, (or rather Person who makes this Return.)

C. H. D. D. D. M.D.

Address, 110 Hanover St

Remarks,



RETURN OF A BIRTH ⁸⁹¹¹⁸

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Second Child

1. Sex, (state whether male or female)

Little

2. Race or Color, (if not of the white race)

White race

3. Date of Birth,

Born Oct. 3 1886

4. Place of Birth, (Street and Number)

104-34 Ramzen st city

5. Full Name of Mother,

Mrs. Leib

6. Mother's Maiden Name,

Mein Lewine Helm

7. Mother's Birthplace,

Phila

8. Full Name of Father,

Mr. Lent Leib

9. Father's Occupation,

Laborer

10. Father's Birthplace,

Pennsylvania

Name of Medical Attendant, or other Person who makes this return.

Mrs. Miller

Address,

1017 west Pratt

Remarks,

Person reporting this birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered by the State.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

First (1st)

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

October 3rd 1886

4. Place of Birth, (Street and Number)

1030 East Chase Street

5. Full Name of Mother,

Mrs. Marie White Price

6. Mother's Maiden Name,

Mrs. M. W. O'Younger

7. Mother's Birthplace,

Baltimore, Md.

8. Full Name of Father,

Mr. James' R. Price

9. Father's Occupation,

Cook

10. Father's Birthplace,

Baltimore, Md.

Name of Medical Attendant, or other Person who makes this Return.

Wm H C. Lindeman, M.D.

Address,

102 N. Broadway

Remarks,



report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 89120

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Seventh 7th

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

October 3rd 1886

4. Place of Birth, (Street and Number)

No. 510 East Chas. St.

5. Full Name of Mother,

Ms. Ellen Mc Grath

6. Mother's Maiden Name,

Miss E. M. Mc Anay

7. Mother's Birthplace,

Ireland

8. Full Name of Father,

Mr. Thomas J. Mc Grath

9. Father's Occupation,

Type Founder

10. Father's Birthplace,

Philadelphia Pa.

Name of Medical Attendant, or other Person who makes this Return.

Wm. H. C. Cundin M.D.

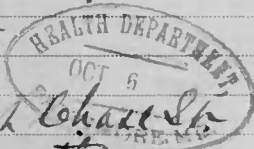
Address,

No. 102 N. Howard St.

Remarks,

C

report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.



RETURN OF A BIRTH.

89121

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Second (2nd)*

1. Sex (state whether Male or Female) *Male*

2. Race or Color (if not of the white race)

White

3. Date of Birth *Oct. 3rd*

4. Place of Birth (Street and Number) *#1423 Mulberry Street*

5. Full Name of Mother *Jennie Adeline Robb,*

6. Mother's Maiden Name *Buskirk,*

7. Mother's Birthplace *Tiffin, Ohio.*

8. Full Name of Father *John A. Robb, Jr.*

9. Father's Occupation *Doctor of Medicine*

10. Father's Birthplace *Balta, Md.*

Name of Medical Attendant, or other Person who makes this Return.

*Charles L. G. M. D.
1220 Lexington St.*

Address

Remarks



RETURN OF A BIRTH

89122

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Report the birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other laws and forfeitures are recoverable.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5
1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race)
3. Date of Birth. Oct 3 - 1886
4. Place of Birth, (Street and Number) 91 E. Bostel St.
5. Full Name of Mother, Wilhelmine Bauber
6. Mother's Maiden Name, Duff
7. Mother's Birthplace, Germany
8. Full Name of Father, Lucia Bauber
9. Father's Occupation, Tailor
10. Father's Birthplace, Germany
- Name of Medical Attendant, or other Person who makes this Return. Mary Stein
- Address, 1427 E. Pratt
- Remarks,

Report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

89123

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *3rd*

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

3 of Oct

4. Place of Birth, (Street and Number)

311 Boston St.

5. Full Name of Mother,

Jane Schneider

6. Mother's Maiden Name,

Francis

7. Mother's Birthplace,

Boston County

8. Full Name of Father,

Friedrich Schneider

9. Father's Occupation,

Labeler

10. Father's Birthplace,

Hartford County

Name of Medical Attendant, or other Person who makes this Return.

Mrs. G. Weiss

Address,

424 Lancaster St.

Remarks,



RETURN OF A BIRTH 89124

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st

1. (state whether male or female)

female

2. Race or Color, (if not of the white race)

colored

3. Date of Birth,

October 3rd 186

4. Place of Birth, (Street and Number)

7 Mason ally

5. Full Name of Mother,

Lilly Waller

6. Mother's Maiden Name,

Barto M.D.

7. Mother's Birthplace,

8. Full Name of Father,

George Waller

9. Father's Occupation,

Tailor

10. Father's Birthplace,

Barto M.D.

None of Medical Attendant, or other Person who makes this Return

rosetta gross

Address,

Jenkins ally

Remarks,

RETURN OF A BIRTH 89135

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Second

1. Sex, (state whether male or female)

female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Sunday Oct 3

4. Place of Birth, (Street and Number)

340 S. Sharp St

5. Full Name of Mother,

Louisa Henschel

6. Mother's Maiden Name,

Louisa Siebel

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Henry Henschel

9. Father's Occupation,

Organ lot maker

10. Father's Birthplace,

Baltimore

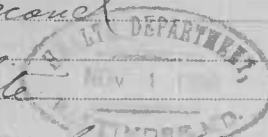
Name of Medical Attendant, or other Person who makes this return

Miss Munch

Address,

800 Leadenhall St.

Remarks,



Report of Birth, or other person who makes this return, shall be subject to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 89126

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st Child.

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

3. Date of Birth,

October 3rd 1886.

4. Place of Birth, (Street and Number)

11409 Pratt St.

5. Full Name of Mother,

Mary Wauke

6. Mother's Maiden Name,

Krüger

7. Mother's Birthplace,

Stelzig H.

8. Full Name of Father,

Joseph Wauke

9. Father's Occupation,

Shoemaker

10. Father's Birthplace,

Eichensint Bayern

Name of Medical Attendant, or other Person who makes this Return

Annie Lindner

Address,

1043 S. Calver St.

Remarks,

Report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

89127

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *6th Child*

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *October 3rd 1886*

4. Place of Birth, (Street and Number) *N. Washington St. 376*

5. Full Name of Mother, *Anna Eifert*

6. Mother's Maiden Name, *Anna Wirth*

7. Mother's Birthplace, *Unterkingen, Gr. Baden Germany*

8. Full Name of Father, *Henry Eifert*

9. Father's Occupation, *Baker*

10. Father's Birthplace, *Angersbach, Gr. Hessen Germany*

Name of Medical Attendant, or other Person who makes this Return, *Mary E. Müller*

Address, *1 Dallas St. No. 26. New York 114*

Remarks,

report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

should not others person be in attendance upon the mother, immediately preceding or during the birth, in the manner, and duty of the nurse or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offense, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH ⁸⁹¹²⁸

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Third

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Oct 3rd 1886

4. Place of Birth, (Street and Number)

50 Milliman St

5. Full Name of Mother,

Emma Birmingham

6. Mother's Maiden Name,

Grape

7. Mother's Birthplace,

Little Rock Penna

8. Full Name of Father,

John Birmingham

9. Father's Occupation,

Painter

10. Father's Birthplace,

Richmond Va

Name of Medical Attendant, or other Person who makes this Return,

J B Schuette M D

Address,

N E Cor Bway & Barnes

Remarks,

RETURN OF A BIRTH. 89129

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

Male

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth

October 3, 1889

4. Place of Birth, (Street and Number)

121 Mulliken

5. Full Name of Mother,

Minna Holt

6. Mother's Maiden Name,

Holt

7. Mother's Birthplace,

Balto. Md

8. Full Name of Father,

Jack Holt

9. Father's Occupation,

Musician

10. Father's Birthplace,

Germany

Name of Medical Attendant, or other Person who makes this Return.

Caroline Miller

Address, #5 Walker St. Balto. Md.

Remarks,



be in attendance upon the mother immediately thereafter, if such be the case, and any such person report in writing to the Registrar of Health, in the manner and within the period above required, and any such person who shall hereafter fail to comply with the provisions of this section, shall be subjected to a fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

87130

report its birth to the Commissioner of Health, in its manner and to the extent the birth is so reported, and any fees for persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other taxes and forfeitures are recoverable.

82

Male

Shile

Oct. 3rd 1880

62 Punkte

Mary Gipprioh

Baltimore

Anton Gippich

Driver

Prudica

James E. McNamee. M.D.

47 E. Pratt Dr.

Chen No. 2225



RETURN OF A BIRTH ^{891.31}

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Third

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth

3rd of October 1886

4. Place of Birth, (Street and Number)

3541 Hollins St.

5. Full Name of Mother

Samuel Clara Metz

6. Mother's Maiden Name

Brokin

7. Mother's Birthplace

Richmond Va

8. Full Name of Father

Chas. M. Metz

9. Father's Occupation

Carpenter

10. Father's Birthplace

Baltimore Md

Name of Medical Attendant, or other Person who makes this Return

Susan Shultz

Address

21 N. Pennellton St.

Remarks

Report in this to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to a fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

NAME: *Sadie Louise Walter*

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Fourth Child*

1. Sex, (state whether male or female) *Female*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *3rd of Oct 1886*

4. Place of Birth, (Street and Number) *129 N. Caroline St*

5. Full Name of Mother, *Minnie Walter*

6. Mother's Maiden Name, *Becker*

7. Mother's Birthplace, *Baltimore City*

8. Full Name of Father, *William Walter*

9. Father's Occupation, *Driver*

10. Father's Birthplace, *Baltimore City*

Name of Medical Attendant, or other Person who makes this Return, *Mary Walter*

Address, *125 N. Caroline St*

Remarks,

be in attendance upon the mother immediately thereafter, it shall become the duty of the person or persons of each child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 89/33

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

7th.

1. Sex, (state whether male or female)

Female.

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

October 3d. 1886.

4. Place of Birth, (Street and Number)

179 North Fulton Avenue.

5. Full Name of Mother,

Virginia R. ~~Bowdel~~ Mc Fee.

6. Mother's Maiden Name,

Bowdel.

7. Mother's Birthplace,

Balto.

8. Full Name of Father,

James H. Mc Fee.

9. Father's Occupation,

Salesman.

10. Father's Birthplace,

Balto.

Name of Medical Attendant, or other Person who makes this Return.

R. H. Goldsmith, M.D.

Address,

Harlem av. Calumet.

Remarks,

See instructions upon the reverse of this form. The Registrar of Health, in the manner and within the period above required, and any such person or persons as shall hereafter call to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence in the recovery of which the Board of Health and the Registrar are recoverable.

RETURN OF A BIRTH. 89134

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *1st*

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race)

3. Date of Birth *Sept. Oct. 3. 1898*

4. Place of Birth, (Street and Number) *108 D. High St.*

5. Full Name of Mother, *Mrs. Henry Kaiser*

6. Mother's Maiden Name, *Miss "M" Gallagher*

7. Mother's Birthplace, *Balt. Md.*

8. Full Name of Father, *Geo. Kaiser*

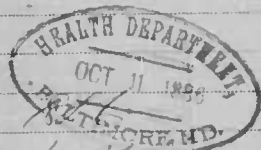
9. Father's Occupation, *Blacksmith*

10. Father's Birthplace, *Balt. Md.*

Name of Medical Attendant, or other Person who makes this Return. *G. G. Lusk M.D.*

Address, *200 E. Balt. St.*

Remarks, *Delivered with Forceps*



Be it remembered, that upon the receipt of this certificate, the Registrar of Vital Statistics, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2nd

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Oct 3rd

4. Place of Birth, (Street and Number)

New St

5. Full Name of Mother,

Mary Anne Lewis

6. Mother's Maiden Name,

Fisher

7. Mother's Birthplace,

Balt. Md

8. Full Name of Father,

Michael Lewis

9. Father's Occupation,

Carroll Maker

10. Father's Birthplace,

Balt. Md

Name of Medical Attendant, or other Person who makes this Return.

W. H. M. D.

Address,

111 S. E. St.

Remarks,



be in attendance upon the mother, immediately after the birth, and report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (\$10) dollars for each offence to be recovered as other laws and ordinances are recoverable.

RETURN OF A BIRTH ⁸⁹¹³⁶

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,



First child
Female
White
3rd Oct
451 Scott St
Cecil F. Shaid
J. V. Hamy
Hampton Va
J. C. Shaid
Chick
Chathamburg Va
Chas. C. Ange
426 Cross St

report to the Registrar of Births, in the manner and within the period above provided, and this section shall be subject to the fine of ten (10) dollars for each offense to be recovered as other laws and ordinances are recoverable.

RETURN OF A BIRTH 89131

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2nd*

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

3. Date of Birth,

Oct 4, 1886

4. Place of Birth, (Street and Number)

1524 E

5. Full Name of Mother,

Lama V. McConnaughy

6. Mother's Maiden Name,

Stans

7. Mother's Birthplace,

Mount. Washington Baltimore Md

8. Full Name of Father,

John C. McConnaughy

9. Father's Occupation,

Machinist

10. Father's Birthplace,

Franklin

Name of Medical Attendant, or other Person who makes this Return.

Edward J. McDevitt

Address,

208 N. 1st St.

Remarks,



report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered in other cities and corporations are recoverable.

89138

9th.

Male

Collonby

October 4th 1880

No. 12 McElderry St. Court.

Marg. Johnson

Marg. Ritchertson

Maryland County

Daynes Johnson

Laborer

Virginia

N. A. Burr

185 S.E. on Central 20 & Monument St

647 *Hel. Melle*



Publishing Co., City Printers and Stationers

RETURN OF A BIRTH ^{89/39}

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, Oct 4th 86

4. Place of Birth, (Street and Number) 57 Scott St

5. Full Name of Mother, Lizzie Reiter

6. Mother's Maiden Name, Lizzie Clarke

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Mr F Reiter

9. Father's Occupation, Clerk

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return, D. L. Phillips

Address, 735 W Lombard St

Remarks, _____

be in attendance upon the mother, immediately thereafter, it shall be the duty of the person or persons, of such age as to be legally responsible, to make a true and correct return of the birth of the child, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH ⁸⁹¹⁴⁰

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, 4th October NOV-6-1886

4. Place of Birth, (Street and Number) No. 12 Christian St.

5. Full Name of Mother, Katy Phiffer

6. Mother's Maiden Name, Katy Staenger

7. Mother's Birthplace, Balto.

8. Full Name of Father, Conrad H. Gluezer

9. Father's Occupation, Grover

10. Father's Birthplace, Balto. City

Name of Medical Attendant, or other Person who makes this Return. Mrs. Luman

Address, _____

Remarks, _____

Be in attendance upon the Mother, soon after the birth, and report the birth to the Commissioner of Health, the Registrar of Vital Statistics, or the Registrar of Births, within the period above required, and any such person who fails to do so, or who reports the birth in violation of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH ⁸⁹¹⁴¹

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) Colored

3. Date of Birth, October 4th

4. Place of Birth, (Street and Number) 171 West Street

5. Full Name of Mother, Mar E Bacon

6. Mother's Maiden Name, May E Mathews

7. Mother's Birthplace, Baltimore Md

8. Full Name of Father, Samuel A Bacon

9. Father's Occupation, Walter

10. Father's Birthplace, Baltimore County

Name of Medical Attendant, or other Person who makes this Return. May Mathews

Address, 142 York Street

Remarks,

Report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH ⁸⁹¹⁴²

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

The 1 Child

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

3. Date of Birth,

The 4th of October 1886

4. Place of Birth, (Street and Number)

No 173 Hartford Ave

5. Full Name of Mother,

Angelina Succer

6. Mother's Maiden Name,

Angelina Succer

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Frank M. Leonard

9. Father's Occupation,

Brickmoulder

10. Father's Birthplace,

Lovers Hill Bal. Con.

Name of Medical Attendant, or other Person who makes this Return.

Mrs. Ch. Succer

Address,

No 173 Hartford Ave

Remarks,

Bal. Md City

1886

RETURN OF A BIRTH

89143

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

5th.

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

October 4th

4. Place of Birth, (Street and Number)

No 29 Weyeth st.

5. Full Name of Mother,

Sarah Vanlill

6. Mother's Maiden Name,

Brown

7. Mother's Birthplace,

Balto. Co.

8. Full Name of Father,

Charles Vanlill

9. Father's Occupation,

Bricklayer

10. Father's Birthplace,

Balto. Co.

Name of Medical Attendant, or other Person who makes this Return.

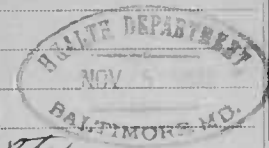
[Signature]

Address,

16 Cor. Columbia & Belmont Sts

Remarks,

Child in good physical condition & living



See instructions upon this subject, contained in the Registrar of Vital Statistics, Baltimore City, and any such person reporting its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall heretofore fail to comply with the provisions of this section, shall be subject to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH ⁸⁹¹⁴⁴

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *4th*

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth.

Feb 4th 1886

4. Place of Birth, (Street and Number)

112 Adel St

5. Full Name of Mother.

Fisher Robinson

6. Mother's Maiden Name,

Fisher

7. Mother's Birthplace.

Baltimore

8. Full Name of Father.

Alexander Robinson

9. Father's Occupation.

Lawyer

10. Father's Birthplace.

Ind

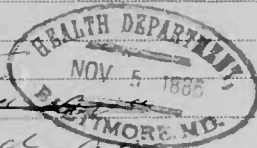
Name of Medical Attendant, or other Person who make this Return.

C. B. Gamble M.D.

Address,

59 Cathedral

Remarks,



report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other laws and forfeitures are recoverable.

RETURN OF A BIRTH 89146

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

6th

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

6d

3. Date of Birth,

17th Nov 1891

4. Place of Birth, (Street and Number)

6d 4th

5. Full Name of Mother,

May E. Breen

6. Mother's Maiden Name,

May E. Mathews

7. Mother's Birthplace,

Baltimore Md

8. Full Name of Father,

Samuel A. Breen

9. Father's Occupation,

Walter

10. Father's Birthplace,

Baltimore Md

Name of Medical Attendant, or other Person who makes this Return.

Male Male

Address,

147 York Street

Remarks,

Report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine or ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 89146

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

third child

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

7th October

4. Place of Birth, (Street and Number)

322 South Park St

5. Full Name of Mother,

Ella Branch Kaylock

6. Mother's Maiden Name,

Ella Branch

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

John Kaylock

9. Father's Occupation,

General Business

10. Father's Birthplace,

New York City

Name of Medical Attendant, or other Person who makes this Return.

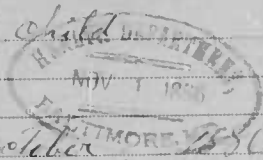
Mrs. E. Seibach

Address,

439 W. East Street

Remarks,

Be in attendance upon the mother, during pregnancy, and report its birth to the Commissioner of Health, in the manner and within the period above required, and any such persons or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.



RETURN OF A BIRTH 89147

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number).

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,

Second DEPARTMENT
Female
Child 19
October 1897

Number Two, Swanton St.
Cornelia Gertrude Brady
Cornelia
Number Two, Green St.
Robert Henry Brady
Waiter
Washington
Celestie Cook
Number 17

RETURN OF A BIRTH 89148

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9
1. Sex, (state whether male or female). *white Boy*
2. Race or Color, (if not of the white race) *white*
3. Date of Birth, *4 October 1881*
4. Place of Birth, (Street and Number) *202 W. Charles St.*
5. Full Name of Mother, *Maria Pollbracht*
6. Mother's Maiden Name, *Maria Geibel*
7. Mother's Birthplace, *Halsbach Germany*
8. Full Name of Father, *Friedrich Pollbracht*
9. Father's Occupation, *Boat. Tiller*
10. Father's Birthplace, *Halsbach Germany*
- Name of Medical Attendant, or other Person who makes this Return. *L. Bauman M. M. M. M.*
- Address, *Friedrich Pollbracht 202 W. Charles St. Baltimore*
- Remarks,

For each child born to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other laws and ordinances are recovered.

RETURN OF A BIRTH

89149

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) f

2. Race or Color, (if not of the white race) W

3. Date of Birth, Oct. 4th 1886

4. Place of Birth, (Street and Number) 87 Lombard St.

5. Full Name of Mother, Sarah Sacks

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father, Louis Sacks

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Address, 19 E. Baltimore St.

Remarks,



See in office, before giving the seal of the Registrar, the provisions of the Act of 1882, relating to the registration of births, and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

89150

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

3rd

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Oct 4th

4. Place of Birth, (Street and Number)

199 Columbia Ave

5. Full Name of Mother,

Hennetta Schultz

6. Mother's Maiden Name,

Hennetta Hess

7. Mother's Birthplace,

Germany

8. Full Name of Father,

John Schultz

9. Father's Occupation,

Jacorn Keeper

10. Father's Birthplace,

Germany

Name of Medical Attendant, or other Person who makes this Return.

Mrs Slifer

Address,

24 Columbia Ave

Remarks,



See in attendance upon the mother, immediately after the birth of the child, and report the birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH ¹⁸⁹¹

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2d*

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *Oct 18 1886*

4. Place of Birth, (Street and Number) *Baltimore*

5. Full Name of Mother, *Mary J. Murphy*

6. Mother's Maiden Name, *Murphy*

7. Mother's Birthplace, *Baltimore*

8. Full Name of Father, *Samuel D. Murphy*

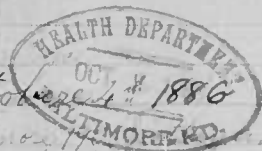
9. Father's Occupation, *Labor*

10. Father's Birthplace, *Baltimore*

Name of Medical Attendant, or other Person who makes this Return *Dr. Leonard*

Address, *131 North St.*

Remarks,



RETURN OF A BIRTH ⁸⁹¹⁵²

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

5th

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

white

3. Date of Birth,

Oct. 4th

4. Place of Birth, (Street and Number)

115 Conway St.

5. Full Name of Mother,

Annie Buck

6. Mother's Maiden Name,

White

7. Mother's Birthplace,

Sammarone Co.

8. Full Name of Father,

Emory A. Buck

9. Father's Occupation,

Sailor

10. Father's Birthplace,

Calvert Co.

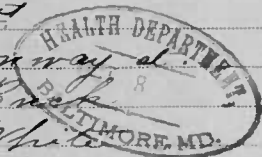
Name of Medical Attendant, or other Person who makes this Return,

C. L. Buddenboun

Address,

166 S. Pascal St.

Remarks,



Birth of any child shall occur without the attendance of a physician or other person who makes this return, or who is in attendance upon the mother immediately thereafter, it shall become the duty of the person or persons of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and if any person or persons who shall hereinafter be required to make this return, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other laws and ordinances are recoverable.

RETURN OF A BIRTH ⁸⁹¹⁵³

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d.

1. Sex, (state whether male or female) Female.

2. Race or Color, (if not of the white race) White.

3. Date of Birth, October 4th - 1886.

4. Place of Birth, (Street and Number) 210 N. Carey St.

5. Full Name of Mother, Sallie Brewer.

6. Mother's Maiden Name, Reinolds.

7. Mother's Birthplace, Washington - D. C.

8. Full Name of Father, Wm. R. Brewer.

9. Father's Occupation, Clark.

10. Father's Birthplace, Annapolis - Md.

Name of Medical Attendant, or other Person who makes this Return.

R. H. Goldsmith, M. D.

Address,

Harlem Ave. & Calverton

Remarks,



to be filled out by the Registrar of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other dues and forfeitures are recoverable.

RETURN OF A BIRTH

89152

To the Office of Registrar of Births, Statistics, Board of Health, Baltimore City.

Name: *Helie May Pruitt*

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *11th*

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Oct. 4th

4. Place of Birth, (Street and Number)

6 St Joseph St

5. Full Name of Mother,

Elizabeth Pruitt

6. Mother's Maiden Name,

Burser

7. Mother's Birthplace,

Balto

8. Full Name of Father,

James Alfred Pruitt

9. Father's Occupation,

Stone Cutter

10. Father's Birthplace,

Balto

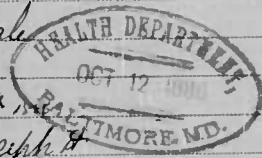
Name of Medical Attendant, or other Person who makes this Return.

Mrs Julia Groves

Address,

940 N Gay St

Remarks,



Be in attendance upon the mother immediately thereafter, and if the physician or other person who shall become the duty of the Registrar of Births, Statistics, Board of Health, in the manner and within the period above required, and any such person report its birth to the Registrar of Births, Statistics, Board of Health, shall be liable to a fine of ten (10) dollars or persons who shall fail to comply with the provisions of this section, shall be liable to a fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. ⁸⁹¹⁵⁵

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 7th

1. Sex, (state whether male or female) male

2. Race or Color, (if not of the white race) wht

3. Date of Birth Oct. 5. 1886

4. Place of Birth, (Street and Number) 1043 First St.

5. Full Name of Mother, Sophronia J Sterner

6. Mother's Maiden Name, " Balliett

7. Mother's Birthplace, md.

8. Full Name of Father, Isaac Sterner

9. Father's Occupation, R.R. Engineer

10. Father's Birthplace, md.

Name of Medical Attendant, As Lane Daneyhue

or other Person who makes this Return.

Address, (219) 922 Madison ave

Remarks,

Birth of any child shall occur without the attendance of a physician, or any other person, who shall be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

89156

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2 Birth*

1. Sex, (state whether male or female) *male*

2. Race or Color, (if not of the white race) *white*

3. Date of Birth, *5 Oct 68*

4. Place of Birth, (Street and Number) *Duham Street 31*

5. Full Name of Mother, *Anna Enders*

6. Mother's Maiden Name, *" " Hoffman*

7. Mother's Birthplace, *Baltimore*

8. Full Name of Father, *Will Enders*

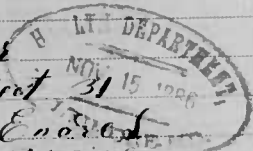
9. Father's Occupation, *Jobbing*

10. Father's Birthplace, *Baltimore*

Name of Medical Attendant, or other Person who makes this Return. *Dr. Maurer*

Address, *Cent. Market Space No 15*

Remarks, *Cent. Market Space No 15*



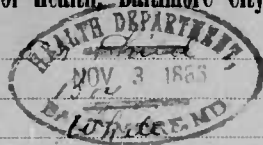
Be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense in be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

89157

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)



1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

Tuesday Oct. 5th. 1886.

4. Place of Birth, (Street and Number)

175 Greenmount Ave

5. Full Name of Mother,

Mam Butzler

6. Mother's Maiden Name,

Mary B. Pappas

7. Mother's Birthplace,

Balt. Ind

8. Full Name of Father,

Wm. Butzler

9. Father's Occupation,

Carpenter

10. Father's Birthplace,

Balt. Ind

Name of Medical Attendant, or other Person who makes this Return.

Wilmer Banton M.D.

Address,

Chase St. & Front Plac

Remarks,

For the attendance upon the mother, nurse, &c., during the birth, the physician, midwife, or other person who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (\$10) dollars for each offense in he recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH ⁸⁹¹⁵⁸

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

3. Date of Birth,

5th of October

4. Place of Birth, (Street and Number)

32 President

5. Full Name of Mother,

Angela Speckono

6. Mother's Maiden Name,

Complier

7. Mother's Birthplace,

Italy

8. Full Name of Father,

Mike Speckono

9. Father's Occupation,

Murician

10. Father's Birthplace,

Italy

Name of Medical Attendant, or other Person who makes this Return.

Sarah Casper

Address,

72 E. Lombard

Remarks,

Be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subject to the fine of ten (10) dollars for each offense to be recovered as other laws and ordinances are recoverable.

89160

2986 (67654336)

225

- Kenako

- M. Lutz

- Plate Oct 5th 1880.

- 27/ Alice Ann H

- Kate Hagans

- Kate Walker

- America

- Philip Hagero

- Shall

- Amorice

or other Person who
makes this Return.

Mr Mary Round

11



birth of any child shall be required to report to the Commissioner of Health, in the manner and within the period above required, and any such person who fails to do so shall be subject to the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH ⁸⁹¹⁶²

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)... 2

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) Caucasian

3. Date of Birth, October the 31st 1886

4. Place of Birth, (Street and Number) Baltimore

5. Full Name of Mother, Maria Webster

6. Mother's Maiden Name, Wright

7. Mother's Birthplace, London

8. Full Name of Father, John Webster

9. Father's Occupation, Sailor

10. Father's Birthplace, London

Name of Medical Attendant, or other Person who makes this Return, Dash Duval

Address, no 9 Foster St

Remarks,



Birth of any child shall occur without the attendance of a Physician or Practitioner of midwifery, or should no other person be present, the mother shall, before the child is born, call to the attention of the Registrar of Vital Statistics, Baltimore City, the fact that she has given birth to a child, and any such person who shall fail to do so, shall be liable to a fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH ⁸⁹¹⁶³

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. Sex, (state whether male or female) female

2. Race or Color, (if not of the white race) white

3. Date of Birth, October 27

4. Place of Birth, (Street and Number) Baltimore

5. Full Name of Mother, Elizabeth Joseph

6. Mother's Maiden Name, Elizabeth Joseph

7. Mother's Birthplace, St. James County

8. Full Name of Father, John Joseph

9. Father's Occupation, Driver, Stevedore

10. Father's Birthplace, St. James County

Name of Medical Attendant, or other Person who makes this Return, Dr. J. J. Joseph

Address, 447 J. J. Street

Remarks,



Birth of any child shall occur without the attendance of a Physician or practitioner of medicine, or should in other person report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall be so required, shall be subject to the provisions of this section, shall be subject to the fine of ten (10) dollars for each offence to be recovered.

RETURN OF A BIRTH 19164

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *First*
1. Sex, (state whether male or female) *Male*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *Oct. 5th 1884*
4. Place of Birth, (Street and Number) *McLennan, 1134 115 N. Lombard St.*
5. Full Name of Mother, *Mary J. McKee*
6. Mother's Maiden Name, *D. C.*
7. Mother's Birthplace, *Maryland*
8. Full Name of Father, _____
9. Father's Occupation, _____
10. Father's Birthplace, _____
- Name of Medical Attendant, or other Person who makes this Return. *C. F. Cunningham, M.D.*
- Address, *1134 115 N. Lombard St.*
- Remarks, _____

Birth of any child shall occur, return within the time specified, and after it shall become the duty of the person or persons of such child to be attended to, to report its birth to the Commissioner of Health, in the provisions of this section, shall be subject to the fine of ten (10) dollars for each offense to be incurred as other duties and forfeitures are recoverable.

RETURN OF A BIRTH ^{89/65}

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. *Date of Birth.*

4. *Place of Birth, (Street and Number)*

5. Full Name of Mother,

6. *Mother's Maiden Name.*

7. *Mother's Birthplace,*

8. *Full Name of Father,*

2. *Father's Occupation,*

10. *Father's Birthplace,*

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,

birth of any child shall require the presence of the mother, immediately thereafter it shall become the duty of the person or persons of such child to be in attendance upon the mother, in the manner and within the period above required, and any such person or persons who shall hereinafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (\$10) dollars for each offence, and such fine shall be recoverable.

Missing 89166-89169,
incl.

RETURN OF A BIRTH 89170

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2cd.

1. Sex (state whether male or female),

Female

2. Race or Color (if not of the white race),

White

3. Date of Birth,

Octo. 6th. 1886

4. Place of Birth (Street and Number),

No 29 Butler St.

5. Full Name of Mother,

Mary Eckert.

6. Mother's Maiden Name,

Karl Schmid

7. Mother's Birthplace,

Balto.

8. Full Name of Father,

John Eckert

9. Father's Occupation,

Horseshoer

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other person who makes this Return.

M. A. Butt.

Address, 185 S.E. cor Centrel av. & Monument St.

Remarks, 647 All Well



the attendance of a physician or practitioner of midwifery, or attending the parents of such child to report the birth to the Registrar of Vital Statistics, Baltimore City, within the period above prescribed, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as a civil fine and forfeitures are recoverable.

RETURN OF A BIRTH ⁸⁹¹⁷¹

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st*
1. Sex, (state whether male or female) *Male*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *Oct. 07th 1886*
4. Place of Birth, (Street and Number) *Corner Park and Washington*
5. Full Name of Mother, *Frances Scenderson*
6. Mother's Maiden Name, *Sinclair*
7. Mother's Birthplace, *Baltimore*
8. Full Name of Father, *John Scenderson*
9. Father's Occupation, *Cigar Maker*
10. Father's Birthplace, *Baltimore*
- Name of Medical Attendant, or other Person who makes this Return. *Mrs. Hannah Knowles*
- Address, *1829 Calvert St. Apt. 205*
- Remarks,



Birth of any child shall occur without the attendance of a physician or practitioner of medicine, and the person or persons of such child, to be in the birth, to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered.

RETURN OF A BIRTH 89172

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.)

1 Child

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

Colored

3. Date of Birth,

6th of October

4. Place of Birth, (Street and Number)

Edmons Lane 852

5. Full Name of Mother,

Catherine Hansen

6. Mother's Maiden Name,

Catherine Joh Scott

7. Mother's Birthplace,

Baltimore City Md

8. Full Name of Father,

Harley Hansen

9. Father's Occupation,

Brick Maker

10. Father's Birthplace,

Baltimore City Md

Name of Medical Attendant, or other Person who makes this Return

Mary Queen

Address,

11 1/2 Redmans Ct

Remarks.

She died Tues day Moring at 3 O'clock
she was birth at 8 O'clock and died at 3 O'clock.

On the parents, with the married name of the mother, or when born of children.

Birth of any child shall occur without the attendance of a Physician or practitioner of medicine, or of a midwife, or of a nurse, or of a person who shall become the duty of the person or persons of such child, to be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,



RETURN OF A BIRTH ⁸⁹¹⁷⁴

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2. anal

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, October 6 ^{OCT 15}

4. Place of Birth, (Street and Number) Hull St. ^{BALTIMORE, MD.}

5. Full Name of Mother, Susanna Mayer

6. Mother's Maiden Name, Susanna Tittencoon

7. Mother's Birthplace, England

8. Full Name of Father, Thomas Mayer

9. Father's Occupation, Laboar

10. Father's Birthplace, England

Name of Medical Attendant, or other Person who make this Return Mrs. Etzel

Address, No 13 Cuba St

Remarks, Baltimore

Birth of any child shall occur within the city and county of Baltimore, and the person or persons who shall be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any person who shall fail to do so, or who shall furnish false information, shall be subject to the fine of ten (10) dollars for each offense to be recovered by the city and county of Baltimore, and such fine and forfeitures are recoverable.

RETURN OF A BIRTH ⁸⁹¹⁷⁵

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2^d child*
1. Sex, (state whether male or female) *Male*
2. Race or Color, (if not of the white race) _____
3. Date of Birth, *Monday Oct 6th 1886*
4. Place of Birth, (Street and Number) *255 North St city*
5. Full Name of Mother, *Annie M. Barber*
6. Mother's Maiden Name, *Annie M. Blume*
7. Mother's Birthplace, *Baltimore County*
8. Full Name of Father, *John T. Barber*
9. Father's Occupation, *clerk*
10. Father's Birthplace, *Baltimore city*
- Name of Medical Attendant, or other Person who makes this Return, *Mrs. J. M. M. M.*
- Address, *Sec North, Schneider, St.*
- Remarks, _____

Birth of any child shall occur without the attendance of a physician or other person, and the mother or parents of such child to be in attendance upon the mother, in the manner and within the period above required, and any such person who fails to do so shall be liable to a fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH ⁸⁹⁷⁷⁶

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *First*

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *Oct 6 - 86*

4. Place of Birth, (Street and Number) *365 Druid Hill Ave*

5. Full Name of Mother, *Kate E. Applavante*

6. Mother's Maiden Name, *Barter*

7. Mother's Birthplace, *Washington D. C.*

8. Full Name of Father, *Henry B. Applavante*

9. Father's Occupation, *Broker*

10. Father's Birthplace, *City*

Name of Medical Attendant, or other Person who makes this Return *W. H. S. Sillway M.D.*

Address, *5 East Biddle St*

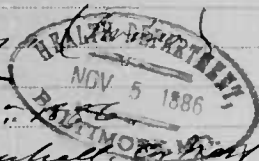
Remarks,

certificates, between the first and third years of a child's life, or of a practitioner of midwifery, or birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should be attended by a person other than the mother, immediately thereafter, it shall be deemed the child is illegitimate, and the mother shall be liable to the penalties of the law in that behalf provided. In the case of illegitimate children, and in the case of children born out of wedlock, the provisions of the law in that behalf provided shall be applied to a fine of ten dollars.

RETURN OF A BIRTH ⁸⁹¹⁷⁷

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th
1. Sex, (state whether male or female) Males
2. Race or Color, (if not of the white race) _____
3. Date of Birth, October 6th 1886
4. Place of Birth, (Street and Number) 152 Leadenhall St. Baltimore, Md.
5. Full Name of Mother, Margaret Flynn
6. Mother's Maiden Name, " Kenney
7. Mother's Birthplace, Balti. City
8. Full Name of Father, James Flynn
9. Father's Occupation, Grocer
10. Father's Birthplace, Balti City
- Name of Medical Attendant, or other Person who makes this Return, W. J. H. Lall, M.D.
- Address, 152 Sharp St.
- Remarks, _____



Report the birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

Certificates between the first and second days of each month, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child, to report his birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall be ordered to comply with the provisions of this section, shall be liable to the fine of ten (10) dollars for each offense to be recovered.

RETURN OF A BIRTH ⁸⁹¹⁴⁸

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, Oct 6th

4. Place of Birth, (Street and Number) 108 Lemon St.

5. Full Name of Mother,

6. Mother's Maiden Name, Georg Medosky

7. Mother's Birthplace,

8. Full Name of Father, Henry Georg

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,

RETURN OF A BIRTH ⁸⁹¹⁷⁹

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1th*

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *6 of Oct*

4. Place of Birth, (Street and Number) *580 Canton St.*

5. Full Name of Mother, *Kath. Eude*

6. Mother's Maiden Name, *Hein*

7. Mother's Birthplace, *Balt*

8. Full Name of Father, *Wilhelm Hein*

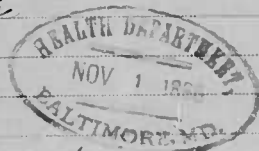
9. Father's Occupation, *Sabern*

10. Father's Birthplace, *Balt*

Name of Medical Attendant, or other Person who makes this Return *Mr. S. Hein*

Address, *424 Lancaster St.*

Remarks,



certificate between the first and second days of the month of a physician or practitioner of midwifery or should be other person
birth of any child shall occur without the assistance of a physician or practitioner of midwifery or should be other person
be in this birth to the Registrar of Health, in the manner and within the period above required, and any such person
or persons who shall be found to have failed to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars
for each offense to be recovered.

RETURN OF A BIRTH ⁸⁹¹⁸⁰

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether ~~male~~ or female).

2. Race or Color, (if not of the white race)

3. Date of Birth, *October 6th 1886*

4. Place of Birth, (Street and Number) *266 Scott st Baltimore*

5. Full Name of Mother, *Emma Plets*

6. Mother's Maiden Name, *Emma Wagner*

7. Mother's Birthplace, *Baltimore*

8. Full Name of Father, *George Plets*

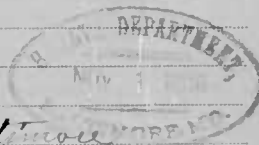
9. Father's Occupation, *Piano maker*

10. Father's Birthplace, *Baltimore*

Name of Medical Attendant, or other Person who makes this Return... *Mrs Minch*

Address, *S. W. corner Leadenhall & Montgomery sts*

Remarks,



Birth of any child shall be reported to the Registrar of Vital Statistics, Board of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

89/181

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

3rd

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

Colored

3. Date of Birth,

Oct 6th 1886

4. Place of Birth, (Street and Number)

80 Perry Alley

5. Full Name of Mother,

Mary E. Roys

6. Mother's Maiden Name,

Mary E. Stanford

7. Mother's Birthplace,

Manland (Calvert Co)

8. Full Name of Father,

Walter Roys

9. Father's Occupation,

Laborer

10. Father's Birthplace,

Caroline Co Va

Name of Medical Attendant, or other Person who makes this Return

Dr. Gillies MD

Address,

180 W. Beadle St

Remarks,

Child lived 5 minutes 6 months in utero



of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

89182

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,



Oct - 6
 Cor. Front & Bath St.
 Maggie Dougherty
 a colour
 Ireland
 Cecilia Dougherty
 Saloon Keeper
 A. Jones
 D. Smith MD
 403 N. Euter St. (N. W.)

Be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable

RETURN OF A BIRTH *say 1883*

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2nd Child*

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *October 6th 1886*

4. Place of Birth, (Street and Number) *Gough St No 21*

5. Full Name of Mother, *Mary Wolf*

6. Mother's Maiden Name, *Mary Kurz*

7. Mother's Birthplace, *Baltimore City*

8. Full Name of Father, *Ulrich Wolf*

9. Father's Occupation, *Laborer*

10. Father's Birthplace, *Baltimore City*

Name of Medical Attendant, or other Person who makes this Return, *Chas E Müller*

Address, *1 Dallas St No 2 C. New No 114*

Remarks,

RETURN OF A BIRTH

39/18

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2nd Child*
1. Sex, (state whether ~~male~~ or female) *Female*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *October 6th 1886*
4. Place of Birth, (Street and Number) *E. Fayette St. No. 1316 new*
5. Full Name of Mother, *Anna Schab*
6. Mother's Maiden Name, *Anna Vogler*
7. Mother's Birthplace, *Baltimore City*
8. Full Name of Father, *William Schab*
9. Father's Occupation, *Printer*
10. Father's Birthplace, *Baltimore City*
- Name of Medical Attendant, or other Person who makes this Return. *Mary E. Müller*
- Address, *N. Daller St. No. 26 New No. 114*
- Remarks,



be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child to report the birth to the Commissioner of Health, in the manner and within the period above required, and any person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

89/135

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

fifth (5)

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

October

4. Place of Birth, (Street and Number)

N.W. Cor. Mulberry & Park Ave

5. Full Name of Mother,

Annie B. Foltz

6. Mother's Maiden Name,

Eisenhardt

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

William A. Foltz

9. Father's Occupation,

Clerk

344 W. Baltimore St

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return

Susan Shuster

Address,

21 W. Poppleton St

Remarks,

be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of whom it is required to report the birth in the manner or compliance with the provisions of this section, shall be subjected to the fine of \$1 a day for each offense in the case of each day and for each day as recoverable.



RETURN OF A BIRTH

89186

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd Child
1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Oct. 6th 1886
4. Place of Birth, (Street and Number) 71 Elizabeth Lane
5. Full Name of Mother, Margaret Schulz
6. Mother's Maiden Name, Rothlauf
7. Mother's Birthplace, Germany
8. Full Name of Father, Gust. Schulz
9. Father's Occupation, Carpenter
10. Father's Birthplace, U. S. A.
- Name of Medical Attendant, Wm. Gould M.D.
or other Person who make this Return.
- Address, 1701 Sharp St
- Remarks,

be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of each child to report its birth to the Registrar of Vital Statistics, within the period above required, and any such person or persons who shall fail to do so, shall be liable to a fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

89187

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

4

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

3. Date of Birth,

Oct. 6th/86

4. Place of Birth, (Street and Number)

No. 248 Chew St.

5. Full Name of Mother,

Anna Zimmerman

6. Mother's Maiden Name,

Kircher

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

John Zimmerman

9. Father's Occupation,

Druggist

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return.

Mrs. Louisa Schulte

Address,

No. 246 Chew St.

Remarks,



be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any person neglecting or refusing to do so shall be liable to a fine of ten (\$10) dollars for each offense to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

89188

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st

1. Sex, (state whether male or female)

male

2. Race or Color, (if not of the white race)

Caucasian

3. Date of Birth,

Oct 6th

4. Place of Birth, (Street and Number)

No 1 Union St

5. Full Name of Mother,

Priscilla Jones

6. Mother's Maiden Name,

Bosser

7. Mother's Birthplace,

Armistead County Md

8. Full Name of Father,

John Jones

9. Father's Occupation,

Laborer

10. Father's Birthplace,

Calvert County Md

Name of Medical Attendant, or other Person who makes this Return.

Anne Johnson

Address,

94 Lyman St

Remarks,



RETURN OF A BIRTH 89189

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 13

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) Colored

3. Date of Birth, October 6, 1889

4. Place of Birth, (Street and Number) 515 Dunkin Alley

5. Full Name of Mother, Annie Maria Ford

6. Mother's Maiden Name, Annie Maria Young

7. Mother's Birthplace, Sanmartins County

8. Full Name of Father, Clennens Ford

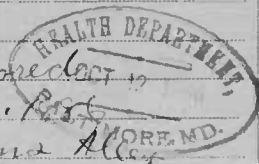
9. Father's Occupation, Labor

10. Father's Birthplace, Sanmartins County

Name of Medical Attendant, or other Person who makes this Return, Susan Morgan

Address, 1047 N. Durham St.

Remarks,



See in attendance upon the mother, immediately thereafter, it shall become the duty of the person or persons of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH ⁸⁹¹⁹⁰

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2nd*

1. Sex, (state whether male or female) *Female*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *Oct 6 1894*

4. Place of Birth, (Street and Number) *574 N. Baltimore St*

5. Full Name of Mother, *Josephine Wentz*

6. Mother's Maiden Name, *Josephine Greender*

7. Mother's Birthplace, *Baltimore*

8. Full Name of Father, *J. Wentz*

9. Father's Occupation, *Plumber*

10. Father's Birthplace, *Baltimore*

Name of Medical Attendant, *Susan Hunter*

Address, *21 W. Poppleton St*

Remarks,



Be the attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such kind to report immediately to the Commissioner of Health, in the manner and within the period provided in this act, and any such person for each offense shall be liable to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 89191

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3^d

1. Sex, (state whether male or female) male

2. Race or Color, (if not of the white race) white

3. Date of Birth Oct. 7. 1886.

4. Place of Birth, (Street and Number) Martha F. St. Martin

5. Full Name of Mother, 1127 Bolton St. near Coe's

6. Mother's Maiden Name, Badders

7. Mother's Birthplace, Md.

8. Full Name of Father, J. Hepburn St. Martin

9. Father's Occupation, Commission Merchant

10. Father's Birthplace, La

Name of Medical Attendant, or other Person who makes this Return, G. Lane Ramseyhill

Address, 922 (219) Madison ave.

Remarks,



Birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or absent from other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child, to report its birth in the Consolidator of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (\$10) dollars for each offence to be recovered in other laws and forfeitures are recoverable.

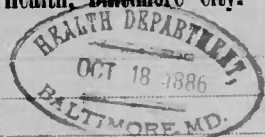
be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subject to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

89192

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2nd*



1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *7th of October*

4. Place of Birth, (Street and Number) *No 281 Myeth St*

5. Full Name of Mother, *Alice Sedgwick*

6. Mother's Maiden Name, *Alice Williams*

7. Mother's Birthplace, *Baltimore Md*

8. Full Name of Father, *Geo T Sedgwick*

9. Father's Occupation, *Moulder*

10. Father's Birthplace, *Baltimore County*

Name of Medical Attendant, or other Person who makes this Return. *Wm. L. Sangh.*

Address, *424 E. 10th St. Baltimore Md*

Remarks,

RETURN OF A BIRTH. 89193

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 5th

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth October 7th 1886.
4. Place of Birth, (Street and Number) No 456 Light St
5. Full Name of Mother, Catharine Hoffman
6. Mother's Maiden Name, Catharine Weaver
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Laborer John Hoffman
9. Father's Occupation, Laborer
10. Father's Birthplace, Baltimore



Name of Medical Attendant, Catharine Hoffman or other Person who makes this Return.

Address, No 18 Byrd St

Remarks,

be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child, to report the birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other laws and ordinances are recoverable.

RETURN OF A BIRTH 89194

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2nd Child

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Oct. 7/86

4. Place of Birth, (Street and Number)

50 N. Front St.

5. Full Name of Mother,

Joanna - Gunn

6. Mother's Maiden Name,

" Murphy

7. Mother's Birthplace,

Balt. City

8. Full Name of Father,

W. M. Gunn

9. Father's Occupation,

Fireman

10. Father's Birthplace,

Balt. City

Name of Medical Attendant, or other Person who makes this Return.

R. W. Mansfield M.D.

Address,

50 S Broadway

Remarks,

be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child to report the birth of such child to the Registrar of Vital Statistics, Baltimore City, in the manner and within the period above required, and any such person who fails to do so, or who willfully or negligently furnishes false information, shall be liable to a fine of ten (10) dollars for each offense to be recovered as other laws and forfeitures are recoverable.

RETURN OF A BIRTH ⁸⁹¹⁹⁵

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st
1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Oct 7th 86
4. Place of Birth, (Street and Number) 507 E. 2nd
5. Full Name of Mother, Sarah Dixon
6. Mother's Maiden Name, Sarah Griffith
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Jno J. Dixon
9. Father's Occupation, Machineist
10. Father's Birthplace, Baltimore
- Name of Medical Attendant, or other Person who makes this Return, D. L. Phillips
- Address, 735 N. Lombard St
- Remarks, _____

Every person shall be in attendance upon the mother immediately thereafter it shall be the duty of the person or persons of such child to report its birth to the Commissioner of Health, in the manner and within the period and at the place and to the person or persons designated by the Commissioner, and every person who fails to do so shall be liable to a fine of ten (10) dollars for each offence to be recovered as other laws and ordinances are recoverable.

RETURN OF A BIRTH.

89196

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 6

1. Sex, (state whether male or female) female

2. Race or Color, (if not of the white race)

3. Date of Birth 7th Oct. 1886

4. Place of Birth, (Street and Number) 223 Patn. Park ave.

5. Full Name of Mother, Mary Meyer

6. Mother's Maiden Name, Mary Reuber

7. Mother's Birthplace, Prussia, Gy.

8. Full Name of Father, Nicholas Meyer

9. Father's Occupation, Sailor

10. Father's Birthplace, Prussia, Gy.

Name of Medical Attendant, or other Person who makes this Return, Mrs. Johanna Reuber

Address, 14 St. Wolfe st.

Remarks,

Be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH ⁸⁹¹⁹⁷

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

3

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

3. Date of Birth,

7th Oct 1886

4. Place of Birth, (Street and Number)

243 Pratt st

5. Full Name of Mother,

Care Koplin

6. Mother's Maiden Name,

Klein

7. Mother's Birthplace,

Germany

8. Full Name of Father,

John Koplin

9. Father's Occupation,

Merchant

10. Father's Birthplace,

Germany

Name of Medical Attendant, or other Person who makes this Return.

J. W. Metcalf

Address,

Remarks,

Birth of any child shall occur without the attendance of a physician or midwife, or should an other person be in attendance upon the mother and child, in the manner and within the period above required, and any such person report its birth, who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 89198

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) Jewish

3. Date of Birth, Oct 7th 1887

4. Place of Birth, (Street and Number) Urquhart St. 128

5. Full Name of Mother, Sarah Oppenheimer

6. Mother's Maiden Name, " Lammstein

7. Mother's Birthplace, Germany

8. Full Name of Father, Herman Oppenheimer

9. Father's Occupation, Second Board Clerk

10. Father's Birthplace, France

Name of Medical Attendant, or other Person who makes this Return, Wm. R. H. H. H.

Address, 1302 B. H. H.

Remarks,



be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons who shall report its birth to the Commissioner of Health, in the manner and within the period above required, and any person or persons who shall hereafter fail to comply with the provisions of this section, shall be subject to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered.

RETURN OF A BIRTH 89199

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) Colored

3. Date of Birth, Oct 7th 1886

4. Place of Birth, (Street and Number) Desert St 301

5. Full Name of Mother, Mary Jones

6. Mother's Maiden Name, W. Potter

7. Mother's Birthplace, Balto Md

8. Full Name of Father, Edward Jones

9. Father's Occupation, Lab. work

10. Father's Birthplace, Balto Md

Name of Medical Attendant, or other Person who makes this Return, Wm R. Hill

Address, 1302 Hollander St

Remarks, _____



to in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child to report its birth to the Commissioner of Health, in the manner and within the period here required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

89200

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Address,

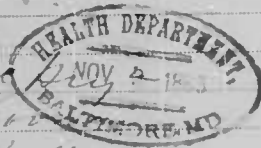
Remarks,

White
ack 7. 11. 0

172
Ellen A. New

Wally
Doris G. New
John A. New
barrier
Wally

Dr. J. H. Carter
387 N. E. 1st St.



RETURN OF A BIRTH 89201

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, Oct. 7 1886

4. Place of Birth, (Street and Number) #421 Monument St.

5. Full Name of Mother, Rebecca Mc Gadden

6. Mother's Maiden Name, Monahan

7. Mother's Birthplace, Balto. Md.

8. Full Name of Father, Peter Mc Gadden

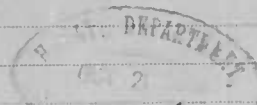
9. Father's Occupation, Labourer

10. Father's Birthplace, Balto. Md.

Name of Medical Attendant, or other Person who makes this Return, Mrs. Lena Hillegast

Address, #182 Monument St

Remarks, 1038 (New Number)



to the attendance upon the mother, and any such person report its birth in the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

birth of any child shall occur without the attendance of a Physician or practitioner of medicine, or of a midwife, or of a nurse, or of a person who shall be in attendance upon the mother, immediately thereafter it shall be the duty of the parent of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other laws and ordinances are recoverable.

RETURN OF A BIRTH.

84202

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

1. Sex, (~~state whether male or female~~)
 2. Race or Color, (~~if not of the white race~~)
 3. Date of Birth, October 7th 1896.
 4. Place of Birth, (Street and Number) 261 E Baltimore St.
 5. Full Name of Mother, Minnie L. Lennon.
 6. Mother's Maiden Name, " " Eaton.
 7. Mother's Birthplace, Va
 8. Full Name of Father, George H. Lennon.
 9. Father's Occupation, carpenter
 10. Father's Birthplace, Va
- Name of Medical Attendant, or other Person who makes this Return. J. Ridgway Andrew M.D.
- Address, 261 E Baltimore St.
- Remarks,

RETURN OF A BIRTH 89203

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

5th

1. Sex, (state whether ~~male~~ or female).

2. Race or ~~Color~~, (if not of the white race).

3. Date of Birth,

7th October.

4. Place of Birth, (Street and Number)

27 Williamson

5. Full Name of Mother.

Annie Appell

6. Mother's Maiden Name,

Annie Hudson

7. Mother's Birthplace,

Baltimore.

8. Full Name of Father,

Charles S. Appell

9. Father's Occupation,

Medal Worker

10. Father's Birthplace,

Baltimore.

Name of Medical Attendant, or other Person who makes this Return.

Miss Munch

Address,

300 Seadenhall St

Remarks,

Report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 19204

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *3rd Child*

1. Sex, (state whether male or female) *Female*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *1st of October 1886*

4. Place of Birth, (Street and Number) *1630 Lombard Street*

5. Full Name of Mother, *Maggie Lintch*

6. Mother's Maiden Name, *Maggie Belloyd*

7. Mother's Birthplace, *Baltimore*

8. Full Name of Father, *Fred Belloyd*

9. Father's Occupation, *Tinner*

10. Father's Birthplace, *Baltimore*

Name of Medical Attendant, or other Person who makes this Return, *Crescentia Kunkel*

Address, *Che 71st North Chapel St per Justina Kunkel*

Remarks, *Healthy*

See instructions upon the mother, immediately thereafter it shall become the duty of the person or persons of such child to report its birth to the Registrar of Health, in the manner and within the period above required, and any such person or persons who shall thereafter fail to comply with this provision, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. ⁸⁹²⁰⁵

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

Pimpura female

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

White
HEALTH DEPARTMENT
OCT 10 1886
BALTIMORE MD.

3. Date of Birth

Oct. 7 1886

4. Place of Birth, (Street and Number)

448 N. Carroll St.

5. Full Name of Mother,

Estelle Selby

6. Mother's Maiden Name,

Estelle Wright

7. Mother's Birthplace,

Petersburg Va

8. Full Name of Father,

William Selby

9. Father's Occupation,

Clerk

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return.

J. H. Hutton M.D.

Address,

543 Lexington St.

Remarks,

Be in attendance upon the mother, immediately thereafter. It shall become the duty of the person or persons of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

89206

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *first*

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race) *Colored*

3. Date of Birth, *7th of October*

4. Place of Birth, (Street and Number) *6 Butlers alley*

5. Full Name of Mother, *Ida Johns*

6. Mother's Maiden Name, *Ida Johns*

7. Mother's Birthplace, *Balto Md.*

8. Full Name of Father,

9. Father's Occupation,

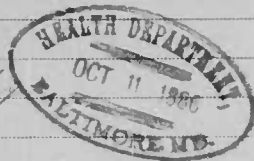
10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Millie Groce

Address, *181 York street*

Remarks,



See instructions upon the mother, husband, or person who shall hereafter fall in compliance with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH ⁸⁹²⁰⁷

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *First*

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race) *Colored*

3. Date of Birth. *October 7th 1886*

4. Place of Birth, (Street and Number) *249 Hoffman St*

5. Full Name of Mother, *Lizzie M. Daniels*

6. Mother's Maiden Name. *Smith*

7. Mother's Birthplace, *Baltimore City*

8. Full Name of Father, *Alexander M. Daniels*

9. Father's Occupation, *Waiter*

10. Father's Birthplace, *Talbot Co., Md.*

Name of Medical Attendant, or other Person who makes this Return. *Amelia Johnson*

Address, *125 E. Hamilton St*

Remarks,



be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child, to report the birth to the Commissioner of Health, in the manner and within the period also required, and any minor person who fails to do so, shall be subject to the fine of ten (\$10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

be in attendance upon the mother, immediately thereafter it shall become the duty of the attendant or persons of such child to report its birth to the County Clerk, and to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

DATE WHEN ADDED 6-10-54
RETURN OF A BIRTH

89205

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Robert L. Elliott
No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Third

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth, *7th Oct. 1886*

4. Place of Birth, (Street and Number)

No. 114 N. Frederick St.

5. Full Name of Mother

Maggie Elliott

6. Mother's Maiden Name

Maggie Wolf

7. Mother's Birthplace

Baltimore

8. Full Name of Father

Cooper Elliott

9. Father's Occupation

Laborer

10. Father's Birthplace

Virginia

Name of Medical Attendant, or other Person who make this Return

Charles David Galvin

Address

No. 28 N. Smith St. Baltimore

Remarks

M.D.

See instructions upon this matter, immediately thereafter it shall become the duty of the person or persons of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other laws and ordinances are recoverable.

RETURN OF A BIRTH ⁸⁹²⁰⁹

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

first

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

Colored

3. Date of Birth,

October 7th

4. Place of Birth, (Street and Number)

513 Orchard St.

5. Full Name of Mother,

Barrie Barnett

6. Mother's Maiden Name,

Barrie Nelson

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

John Y. Barnett

9. Father's Occupation,

Laborer

10. Father's Birthplace,

Baltimore

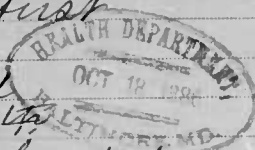
Name of Medical Attendant, or other Person who makes this Return.

Mrs. Annie Johnson

Address,

94 Tilton St.

Remarks,



RETURN OF A BIRTH ⁸⁹²¹⁰

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st.

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race)

3. Date of Birth, Oct. 8 1884

4. Place of Birth, (Street and Number) 32 Ann St.

5. Full Name of Mother, Lama J. Carey

6. Mother's Maiden Name, " " Hitchcock

7. Mother's Birthplace, Baltimore

8. Full Name of Father, John C. Carey

9. Father's Occupation, Salesman

10. Father's Birthplace, Balto.

Name of Medical Attendant, or other Person who makes this Return, Edward P. McDevitt

Address, 208 Aspinwall St

Remarks,



no in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child to
 and the person or persons who shall hereafter fail to comply with the provisions of this section shall be liable to the fine of ten (10) dollars
 for each offense to be recovered as other fines and forfeitures are recoverable.

mother, immediately thereafter if shall become the duty of the person or persons of such child to report the birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

89312

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

7th
Female

1. Sex (state whether male or female),

2. Race or Color (if not of the white race),

3. Date of Birth,

Oct 8th

4. Place of Birth (Street and Number),

104 Bond St

5. Full Name of Mother,

Majdelene Duploy

6. Mother's Maiden Name,

" " Lopida

7. Mother's Birthplace,

Bohemia

8. Full Name of Father,

Alois Duploy

9. Father's Occupation,

Shoemaker

10. Father's Birthplace,

Bohemia

Name of Medical Attendant, or other person who makes this Return.

Josephine Conrad

Address,

20 Barnes St

Remarks,

RETURN OF A BIRTH 89213

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2ed

1. Sex (state whether male or female),

Female

2. Race or Color (if not of the white race),

White

3. Date of Birth,

October 8th 1886

4. Place of Birth (Street and Number),

No 124 Biddle St.

5. Full Name of Mother,

Kate Beitzel

6. Mother's Maiden Name,

Kate Brookmeyer

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Henry Beitzel

9. Father's Occupation,

Butcher

10. Father's Birthplace,

Germany.

Name of Medical Attendant, or other person who makes this Return.

M. A. Butt.

Address, 185 S. E. cor. Central ave & Monument St.

Remarks, Well



Notice. Immediately thereafter it shall become the duty of the person or persons at such child to report its birth to the Commissioner of Health, in the manner and within the time specified in the regulations of the Board of Health, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (\$10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 89211

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

3

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

Colored

3. Date of Birth,

October 15 1886

4. Place of Birth, (Street and Number)

York St 418

5. Full Name of Mother,

Jane Jones

6. Mother's Maiden Name,

Jane Smith

7. Mother's Birthplace,

Wash County Va

8. Full Name of Father,

James Jones

9. Father's Occupation,

Laborer

10. Father's Birthplace,

Abacoat Es ab

Name of Medical Attendant, or other Person who makes this Return.

Dr J. M. Willson

Address,

152 Hampden St

Remarks,

Signature of the Medical Attendant, or other Person who makes this Return. In case the birth of any child shall occur without the attendance of a Physician or midwife, or should to other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons so attending to report his birth to the Registrar of Vital Statistics, Board of Health, in the manner and within the period required, and any person who fails to comply with this provision, shall be liable to the fine of ten (10) dollars for each offense to be recovered.

RETURN OF A BIRTH

89313

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2nd Child*

1. Sex, (state whether ~~male~~ or female)

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *October 8th 1886*

4. Place of Birth, (Street and Number) *Hamstead Ave No 89*

5. Full Name of Mother, *Kate Winter*

6. Mother's Maiden Name, *Kate Shafer*

7. Mother's Birthplace, *Baltimore City*

8. Full Name of Father, *George Winter*

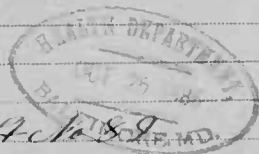
9. Father's Occupation, *Laborer*

10. Father's Birthplace, *Baltimore City*

Name of Medical Attendant, or other Person who makes this Return, *Mary E. Miller*

Address, *N. Dallas St. No 26 New No 114*

Remarks,



No. In a birth record, the mother's name, maiden name, and name of the father, in the names and within the period above required, and any such person who shall be required to furnish the same, shall be subject to the fine of ten (10) dollars for each offense to be recovered in other fines and forfeitures are recoverable.

RETURN OF A BIRTH 89216

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

34

Sex, (state whether male or female)

Female

Race or Color, (if not of the white race)

Caucasian

Date of Birth,

Feb 8th 1884

Place of Birth, (Street and Number)

72 Chestnut Alley

Full Name of Mother,

Emmae Thomas

Mother's Maiden Name,

Mother's Birthplace,

Baltimore

Full Name of Father,

Marshall Thomas

Father's Occupation,

Porter

Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return.

John A. Thomas

Address,

991 Little Pennsylvania St (near corner) 454

Remarks,



For each offense to be recovered as other fines and forfeitures are recoverable

be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of five (5) dollars for each offense to be recovered as other laws and ordinances are recoverable.

RETURN OF A BIRTH ⁸⁹²¹⁷

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

3.

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

Colored

3. Date of Birth,

October 8/86

4. Place of Birth, (Street and Number)

No 20 W Durham St

5. Full Name of Mother,

Marie Thomas

6. Mother's Maiden Name,

Green

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

John Thomas

9. Father's Occupation,

Laborer

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return.

Mrs Louise Kraft

Address,

No 405 S Washington St.

Remarks,

RETURN OF A BIRTH ⁸⁹²¹⁸

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d.

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, October 8.

4. Place of Birth, (Street and Number) N 120 Ridgely St.

5. Full Name of Mother, Cassa Tauber

6. Mother's Maiden Name, Boteler

7. Mother's Birthplace, Balto. City.

8. Full Name of Father, William Tauber

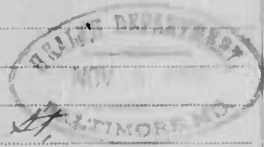
9. Father's Occupation, Sailor

10. Father's Birthplace, Balto. City.

Name of Medical Attendant, or other Person who makes this Return. Chas. J. Aldrich

Address, On Columbia & Fremont Aves.

Remarks, Child in good physical condition & living



Report the birth in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other dues and forfeitures are recoverable.

RETURN OF A BIRTH ⁸⁹²¹⁹

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

3. Date of Birth,

Oct 8 - 1886

4. Place of Birth, (Street and Number)

1205 Gough St.

5. Full Name of Mother,

Ida E. Linker

6. Mother's Maiden Name,

Rutter

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Paul M. Linker

9. Father's Occupation,

Eng. & Housew.

10. Father's Birthplace,

Baltimore

Name of Medical Attendant,

or other Person who
makes this Return.

Mary Stein

Address,

1427 1/2 Pratt St.

Remarks,

report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

89220

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

3^d

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

3. Date of Birth,

October 8th 1881

4. Place of Birth, (Street and Number)

130 Alice Anna

5. Full Name of Mother,

Michaelina Cook

6. Mother's Maiden Name,

Heiser

7. Mother's Birthplace,

City

8. Full Name of Father,

George Hack

9. Father's Occupation,

Laborer

10. Father's Birthplace,

Vt.

Name of Medical Attendant, or other Person who makes this Return.

Mrs. Elizabeth Bell

Address,

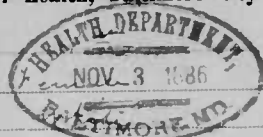
120 Buck

Remarks,

report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH ⁸⁹²⁹¹

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

O A 8" 1886

4. Place of Birth, (Street and Number)

90 Dover St

5. Full Name of Mother,

Annie Halligan

6. Mother's Maiden Name,

Annie Myers

7. Mother's Birthplace,

Carolina

8. Full Name of Father,

Robt Halligan

9. Father's Occupation,

Moulder

10. Father's Birthplace,

Ireland

Name of Medical Attendant, or other Person who makes this Return.

Geo R Graham

Address,

138 Columbia Ave

Remarks,

in a residence upon the mother, immediately after delivery it shall become the duty of the person or persons who shall report its birth to the Commissioner of Health, in the manner and within the time specified in this return, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH ⁸⁹²²²

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, 34 Miller St

4. Place of Birth, (Street and Number) Oct 8

5. Full Name of Mother, Joseph Zehourek

6. Mother's Maiden Name, " " Bilovske

7. Mother's Birthplace, Bohemia

8. Full Name of Father, Frank Zehourek

9. Father's Occupation, Tailor

10. Father's Birthplace, Bohemia

Name of Medical Attendant, or other Person who makes this Return, Josephine Conrad

Address, 25 Barnes

Remarks,

be in attendance upon the mother, should be present at the birth of the child, and should report his birth to the Registrar of Vital Statistics, Board of Health, in the manner and within the period above required, and any such person who fails to do so, or who reports a birth which has not occurred, or who reports a birth which has occurred but which has not been registered, shall be liable to a fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH ⁸⁹¹²³

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *First*

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

3. Date of Birth,

Oct 8th

4. Place of Birth, (Street and Number)

Baltimore Ridgely st. No 116

5. Full Name of Mother,

Clara Carling

6. Mother's Maiden Name,

Clara Larkins

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Smith Carling

9. Father's Occupation,

Glass blower

10. Father's Birthplace,

Jersey

Name of Medical Attendant, or other Person who makes this Return.

Mrs M. Shaffer

Address,

135 Ridgely st

Remarks,

be in attendance upon the mother immediately thereafter it shall become the duty of the person or persons of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other duties and forfeitures are recoverable.

RETURN OF A BIRTH 89224

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

6

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,



8th of Oct 1892

111 Presedent St

Rosa Fernandez

Complax

Italy

George Fernandez

Musician

Italy

Sarah Cresser

72 E Lombard

report the birth to the Commissioner of Health, in the manner and within the period above required, and any such person who fails to do so, or who makes a false report, shall be liable to a fine of ten dollars for each offense to be recovered as other laws and ordinances are recoverable.

RETURN OF A BIRTH ⁸⁹²²⁵

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2nd*

1. Sex, (state whether male or female) *Female*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *Oct. 8th 1886*

4. Place of Birth, (Street and Number) *# 71 Harrison St*

5. Full Name of Mother, *Elizabeth Silomond*

6. Mother's Maiden Name, *Megerberg*

7. Mother's Birthplace, *Poland*

8. Full Name of Father, *Simon Silomond*

9. Father's Occupation, *Tailor*

10. Father's Birthplace, *Poland*

Name of Medical Attendant, or other Person who makes this Return, *Mrs. Lena Helgerst*

Address, *#1828 Monument St*

Remarks, *103.8 (New Number)*



report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other dues and forfeitures are recoverable.

be in attendance upon the mother, immediately thereafter if shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall thereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other laws and ordinances are recoverable.

RETURN OF A BIRTH

89226

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

3rd

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Oct 8th 86

4. Place of Birth, (Street and Number)

109 China Al.

5. Full Name of Mother,

Catharina Hemmen

6. Mother's Maiden Name,

Rosbach

7. Mother's Birthplace,

Prussia

8. Full Name of Father,

Jacob Hemmen

9. Father's Occupation,

Laborer

10. Father's Birthplace,

Prussia

Name of Medical Attendant, or other Person who makes this Return.

Mary Koch

Address,

328 L. Outart St.

Remarks,

RETURN OF A BIRTH ⁸⁹²²⁷

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) Colored

3. Date of Birth, 8th of Oct.

4. Place of Birth, (Street and Number) 133 N. Caroline

5. Full Name of Mother, Frances Johnson

6. Mother's Maiden Name, " Grant

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Harry Johnson

9. Father's Occupation, Laborer

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return, Mary Walter

Address, 125 N. Caroline St.

Remarks,



Birth of any child shall occur without the attendance of a Physician or practitioner of medicine, or should an attend person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereunder fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

89228

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

5th

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Oct 8



4. Place of Birth, (Street and Number)

70 1/2 Harrison St

5. Full Name of Mother,

Leah Davis

6. Mother's Maiden Name,

Leah Spidman

7. Mother's Birthplace,

Germany

8. Full Name of Father,

Morris Davis

9. Father's Occupation,

Sailor

10. Father's Birthplace,

Germany

Name of Medical Attendant, or other Person who makes this Return.

Samuel V. Moore M.D.

Address,

Old 1921 2nd - 428 Disqueville St

Remarks,

City

Sec. 10. Any person who shall neglect or refuse to comply with the provisions of this section, shall be subject to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

Birth and the mother, immediately after a child is born, the duty of the person or persons of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subject to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 1923

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2nd*

1. Sex, (state whether male or female) *Female*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *Oct 8th 1923*

4. Place of Birth, (Street and Number) *1006 N Dallas St*

5. Full Name of Mother, *Penwiling Roberts*

6. Mother's Maiden Name, *" Hopely*

7. Mother's Birthplace, *Balto*

8. Full Name of Father, *James Thomas Roberts*

9. Father's Occupation, *Plumber*

10. Father's Birthplace, *Balto*

Name of Medical Attendant, or other Person who makes this Return, *Mrs Julia Groome*

Address, *946 N Gay St*

Remarks,



RETURN OF A BIRTH 89231

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace.

Name of Medical Attendant, or other Person who makes this return.

Address.

Remarks,



It is the duty of the person or persons of any child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 89232

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. Sex (state whether male or female), Male

2. Race or Color (if not of the white race), Oct. 9th 1886

3. Date of Birth, 363 N. Drury Lane

4. Place of Birth (Street and Number), Mrs. Cernik

5. Full Name of Mother, Machacek

6. Mother's Maiden Name, Bohemia

7. Mother's Birthplace, Wenzl Cernik

8. Full Name of Father, Tailor

9. Father's Occupation, Bohemia

10. Father's Birthplace, Josephine Poma

Name of Medical Attendant, or other person who makes this Return. 20 Base

Address,

Remarks,

the Commissioner of Health. In the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

89233

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.)

color

1. ☒ (state whether male or female)

Brown and Male

2. Race or Color, (if not of the white race)

color kabe

3. Date of Birth,

October 9 1886

4. Place of Birth, (Street and Number)

dover st 181 Baltimore Md

5. Full Name of Mother

Mamie Garrison

6. Mother's Maiden Name,

Mamie griffin

7. Mother's Birthplace,

Baltimore City

8. Full Name of Father,

Samuel Griffin

9. Father's Occupation,

drummer

10. Father's Birthplace,

Baltimore City

Name of Medical Attendant, or other Person who makes this Return

Amey Jenson

Address,

Charmday St

Remarks,

be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered.

RETURN OF A BIRTH 892311

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,

Female DEPARTMENT
of Health

October 4 1888

Camden No 23

Elaine Mordock

Adm County

John Murphy

Waiting

Baltimore City

Lucy Cornish

No 906 Jordan Alley

be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subject to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

89255

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 7

1. Sex, (state whether male or female)

female

2. Race or Color, (if not of the white race)

3. Date of Birth

Oct 9. 1891

4. Place of Birth, (Street and Number)

230 N. Calver

5. Full Name of Mother,

Jane Tydings

6. Mother's Maiden Name,

Nelson

7. Mother's Birthplace,

Baltimore Md

8. Full Name of Father,

Samuel Tydings

9. Father's Occupation,

Bricklayer

10. Father's Birthplace,

Annapolis Md

Name of Medical Attendant, or other Person who makes this Return.

Caroline Md.

Address, 5 Walker St. Baltimore Md.

Remarks,



be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

87236

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

female

2. Race or Color, (if not of the white race)

3. Date of Birth

Oct 9, 1886

4. Place of Birth, (Street and Number)

140 N. Belthel St.

5. Full Name of Mother,

Georgette Wicell

6. Mother's Maiden Name,

" Leffer

7. Mother's Birthplace,

Baltimore Md

8. Full Name of Father,

Joseph W. Wicell

9. Father's Occupation,

Shoemaker

10. Father's Birthplace,

Baltimore Md

Name of Medical Attendant, or other Person who makes this Return.

Cardine Miller

Address,

5 Walker St Baltimore Md

Remarks,



report the birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 89237

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,

5
Male

October 9/86
No 420 Eastern Ave

Marie Kemp

Weber

Baltimore

George Kemp

Laborer

Baltimore

Mrs. Louise Kraft

No 405 S Washington

RETURN OF A BIRTH. 89239

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 8

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) _____

3. Date of Birth 7th Oct. 1886

4. Place of Birth, (Street and Number) 136 7th Washington st.

5. Full Name of Mother, Maggie Friedtsches

6. Mother's Maiden Name, Maggie Susan

7. Mother's Birthplace, Balt. Md.

8. Full Name of Father, Fred. Friedtsches

9. Father's Occupation, Shoe Maker

10. Father's Birthplace, Balt. Md.

Name of Medical Attendant, or other Person who makes this Return, Miss L. Anna Paulach

Address, 14 5th W. 5th

Remarks, _____

See the attached notice upon the mother, immediately after the birth of the child, and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

89240

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) female

2. Race or Color, (if not of the white race) _____

3. Date of Birth 9th Oct 1886

4. Place of Birth, (Street and Number) 122 St Register, St.

5. Full Name of Mother, Cate Shulze

6. Mother's Maiden Name, Cate Nausauer

7. Mother's Birthplace, Hessen, Lit.

8. Full Name of Father, Hyman Shulze

9. Father's Occupation, Cabinet Maker

10. Father's Birthplace, Sachsen

Name of Medical Attendant, or other Person who makes this Return. Miss Johanna Raubach

Address, 14 St Wolfe St

Remarks, _____

to be in attendance upon the mother, immediately thereafter. It shall become the duty of the person or persons of such child, to persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recovered.

RETURN OF A BIRTH. ⁸⁹²⁴¹

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 12th

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth Oct. 9th 1880

4. Place of Birth, (Street and Number) 115 N Calvert St

5. Full Name of Mother, Lina Thomas

6. Mother's Maiden Name, Holtz

7. Mother's Birthplace, Balt

8. Full Name of Father, Adam C. Thomas

9. Father's Occupation, Carpenter

10. Father's Birthplace, Balt

Name of Medical Attendant, or other Person who
makes this Return.

Address,

Remarks,



John Morris M.D.

be in the charge upon the mother, immediately thereafter, it shall become the duty of the person or persons of such child, to
report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person
or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars
for each offence to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH ⁸⁹²⁴²

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) ^{6th}

1. Sex, (state whether male or female) *W. M.*

2. Race or Color, (if not of the white race)

3. Date of Birth, *Oct 9*

4. Place of Birth, (Street and Number) *3639 N. Duval*

5. Full Name of Mother, *Mrs. Cornelia*

6. Mother's Maiden Name, *Maehreck*

7. Mother's Birthplace, *Bohemia*

8. Full Name of Father, *Venceslaus Corn*

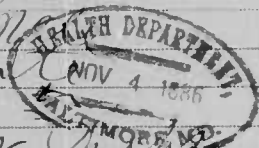
9. Father's Occupation, *Tailor*

10. Father's Birthplace, *Bohemia*

Name of Medical Attendant, or other Person who makes this Return.

Address, *Josephine Conrad*

Remarks, *20 Basser*



be in attendance upon the mother immediately thereafter it shall become the duty of the person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

89243

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female) *female*

2. Race or Color, (if not of the white race)

3. Date of Birth, *Oct 9 186*

4. Place of Birth, (Street and Number) *614 Light St.*

5. Full Name of Mother, *Elisabeth Schmidt*

6. Mother's Maiden Name, *Elisabeth Wagner*

7. Mother's Birthplace, *Baltimore*

8. Full Name of Father, *August C Schmidt*

9. Father's Occupation, *Liquor Dealer*

10. Father's Birthplace, *Germany*

Name of Medical Attendant, or other Person who makes this Return, *Miss Hemen*

Address, *300 Seaboard St.*

Remarks,

Report is birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

89244

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

4th

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Oct 9th 86

4. Place of Birth, (Street and Number)

145 Dover St

5. Full Name of Mother,

Lopkin Harvey

6. Mother's Maiden Name,

Rollman

7. Mother's Birthplace,

Cumberland Md

8. Full Name of Father,

John Harvey

9. Father's Occupation,

Laborer

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return.

Mary Krol

Address,

328 S. Eutaw St.

Remarks,

Be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child to report the birth to the Registrar of Vital Statistics, Baltimore City, within the time specified in the regulations of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other dues and forfeitures are recoverable.

RETURN OF A BIRTH ⁸⁹²⁴⁵

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3, Abama

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, Oct. 2, 1886

4. Place of Birth, (Street and Number) 25 Lombard St.

5. Full Name of Mother, Mrs. Edilewitz

6. Mother's Maiden Name, Mrs. Kessler

7. Mother's Birthplace, Russia

8. Full Name of Father, Joseph Edilewitz

9. Father's Occupation, Butcher

10. Father's Birthplace, Russia

Name of Medical Attendant, Scherman or other Person who makes this Return.

Address, Albemarle st. N 103.

Remarks,

We the attendants upon the mother, immediately after the birth of the child, become the duty of the person or persons of such kind to report the same to the Registrar of Vital Statistics, in the manner and within the period above required, and any such neglect or refusal to do so shall hereafter be deemed an offense under the provisions of this section, and shall be subject to the fine of ten dollars for each offense to be recovered as other fines and forfeitures are recoverable.

892 46

in the attendance upon the mother, immediately hereafter it shall become the duty of the person or persons of such child, to procure its birth to the Commissioner of Health, in the manner and within the period above required, and any such person who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

3

Girl

Wh

9 October

188

43 E. Lombard Street

Hannah Herz

Hannah Sobler

Russia)

Solomon Uers

Tailor

Russia

Rebecka Gustman

46 N. Carolina Street

STATION 10.6 IV CHURNS THE SLIGHTLY

report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

89247

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1 -

1. Sex, (state whether male or female) Female.

2. Race or Color, (if not of the white race) White

3. Date of Birth Oct. 9. 1880

4. Place of Birth, (Street and Number) 49 1/2 Hill St.

5. Full Name of Mother, Mary Murray.

6. Mother's Maiden Name, Moore

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Thomas Murray

9. Father's Occupation, Carpenter

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return, Wm. Scarborough

Address, 15 - Montgomery St.

Remarks,



RETURN OF A BIRTH

89248

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (~~state whether 1st, 2d, 3d, &c.~~)

1. Sex, (~~state whether male or female~~)

2. Race or Color, (~~if not of the white race~~)

3. Date of Birth,

October 9th 1886.

4. Place of Birth, (Street and Number)

78 S. Euter St

5. Full Name of Mother,

Amelia Langhenry

6. Mother's Maiden Name,

" Lambright

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

George Langhenry

9. Father's Occupation,

Carriage Limer

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return,

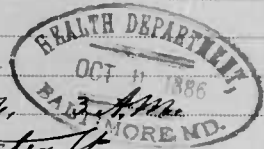
A. V. S. M. M. M.

Address,

1102 E Baltimore St

Remarks,

Instrumental



See for attendance upon the mother, woman, &c. hereafter it shall become the duty of the person or persons of such child, to report its birth to the Commissioner of Health, or to the Registrar of Vital Statistics, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subject to the fine or fines for each offence to be recovered as other laws and ordinances are recoverable.

RETURN OF A BIRTH.

89249

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

2nd

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth

9th October 1892

4. Place of Birth, (Street and Number)

134 N. Broadway

5. Full Name of Mother,

Annie Sinden

6. Mother's Maiden Name,

Annie Concanan

7. Mother's Birthplace,

Ireland

8. Full Name of Father,

Michael Sinden

9. Father's Occupation,

Laborer

10. Father's Birthplace,

Ireland

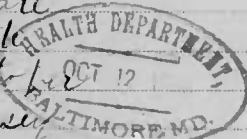
Name of Medical Attendant, or other Person who makes this Return.

Mr. Brown

Address,

418 S. Poppleton St.

Remarks,



be in attendance upon the mother, immediately thereafter, to state the day of the person or persons of such child, as report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall thereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH ⁸⁹³⁵⁰

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Third

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

3. Date of Birth.

Oct 9, 1886

4. Place of Birth, (Street and Number)

418 Clement St

5. Full Name of Mother,

Dora R. Ellers

6. Mother's Maiden Name,

Dora R. White

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

John R. Ellers

9. Father's Occupation,

Farmer

10. Father's Birthplace,

Queen Anna Leo M.D

Name of Medical Attendant, or other Person who makes this Return

Celestina Conway

Address,

No 31 Battery Avenue

Remarks,



RETURN OF A BIRTH ⁸⁹²⁵¹

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1
1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, October 9th 1886
4. Place of Birth, (Street and Number) Baltimore 17th St
5. Full Name of Mother, Ida Gardner
6. Mother's Maiden Name, Ida Williams
7. Mother's Birthplace, Ganewater Va
8. Full Name of Father, Charles Gardner
9. Father's Occupation, dryman
10. Father's Birthplace, Ganewater Va
- Name of Medical Attendant, or other Person who makes this Return, Dorothy duvall
- Address, no 9 frederic st
- Remarks, _____



For the attendance upon the mother immediately thereafter it shall require the fee of five percent of parents of said child, to be paid by the parents of said child, and any such person who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

89252

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

Jerome Duncan Wilson

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether Male or Female)

Male

2. Race or Color (if not of the white race)

Negro

3. Date of Birth

Oct 7 9th '86

4. Place of Birth (Street and Number)

28 Orchard St.

5. Full Name of Mother

L. Wilson

6. Mother's Maiden Name

Gorgans

7. Mother's Birthplace

Balt. City

8. Full Name of Father

Jerome Wilson

9. Father's Occupation

Walter

10. Father's Birthplace

Columbia S.C.

Name of Medical Attendant, or other Person who makes this Return.

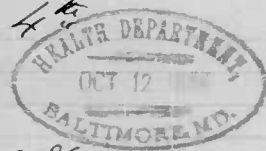
F. B. Gardner

Address

434 N. Greene St.

Remarks

GIVEN NAME ADDED 3-17-53



RETURN OF A BIRTH 89253

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, Oct 9th 86

4. Place of Birth, (Street and Number) New St 4

5. Full Name of Mother, Elizabeth S. Sharpe

6. Mother's Maiden Name, German

7. Mother's Birthplace, Baltimore Md

8. Full Name of Father, Benjamin D. Sharpe

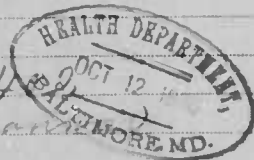
9. Father's Occupation, Shipping Clerk

10. Father's Birthplace, Baltimore Md

Name of Medical Attendant, or other Person who writes this Return, G. T. Maguire M.D.

Address, 101 S. Charles St

Remarks,



report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 89254

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

Third

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth

Oct 9th 1886

4. Place of Birth, (Street and Number)

229

5. Full Name of Mother,

Josephine McWhorter

6. Mother's Maiden Name,

Josephine Davis

7. Mother's Birthplace,

Washington D.C.

8. Full Name of Father,

Robert H. McWhorter

9. Father's Occupation,

Trust & Oyster Packers

10. Father's Birthplace,

Ireland

Name of Medical Attendant, or other Person who makes this Return.

Mrs M. A. Crothall

Address,

225 Montgomery St

Remarks,



be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child, to report its birth to the Commissioner of Health, in the manner and to the effect provided in this section, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered.

RETURN OF A BIRTH 89255

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.)

1st

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Oct 9th 1886

4. Place of Birth, (Street and Number)

282 (920) N. Broadway

5. Full Name of Mother,

Jane Lough,

6. Mother's Maiden Name,

Jane Becker,

7. Mother's Birthplace,

Philadelphia, Pa.

8. Full Name of Father,

Chas. Benjamin Lough M.D.

9. Father's Occupation,

Physician

10. Father's Birthplace,

Balts City

Name of Medical Attendant, or other Person who makes this Return

Chas. B. Lough M.D.

Address,

282 (920) N. Broadway

Remarks.



RETURN OF A BIRTH

89256

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Fifth*
1. Sex, (state whether male or female) *male*
2. Race or Color, (if not of the white race) *white*
3. Date of Birth, *October 9 1876*
4. Place of Birth, (Street and Number) *No 8 Keyser Street.*
5. Full Name of Mother, *Mrs Annie Brigham.*
6. Mother's Maiden Name, *Mrs Annie Sherwood.*
7. Mother's Birthplace, *Baltimore City -*
8. Full Name of Father, *George W. Brigham*
9. Father's Occupation, *Bricklayer -*
10. Father's Birthplace, *Baltimore City - Md.*

Name of Medical Attendant, or other Person who makes this Return.

Address, *1429 Belair Avenue. near Washington St*

Remarks,

(Mrs Ray Nurse)



be in attendance upon the mother immediately thereafter it shall be the duty of the person or persons of such child to
the birth, to the Registrar of Vital Statistics, Baltimore City, within the time specified in the following section, and
or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (\$10) dollars
for each offence to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 89257

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1th*
1. Sex, (state whether male or female) *male*
2. Race or Color, (if not of the white race) *white*
3. Date of Birth, *October 7 1887*
4. Place of Birth, (Street and Number) *207 Barclay St.*
5. Full Name of Mother, *Rebecca*
6. Mother's Maiden Name, *Rebecca Jones*
7. Mother's Birthplace, *St. Mary's Co.*
8. Full Name of Father, *Edgar Lewis*
9. Father's Occupation, *Laborer*
10. Father's Birthplace, *St. Mary's Co.*
- Name of Medical Attendant, or other Person who makes this Return, *Mary J. Swaine*
- Address, *59 Luzerne St.*
- Remarks,



RETURN OF A BIRTH ⁸⁹²⁵⁸

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *6. District*

1. Sex, (state whether male or female) *Female*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *10. 11. October*

4. Place of Birth, (Street and Number) *415 South Davidson*

5. Full Name of Mother, *Anna Virginia Chase*

6. Mother's Maiden Name, *Anna Maria Delcher*

7. Mother's Birthplace, *Frederick Md*

8. Full Name of Father, *John Chase*

9. Father's Occupation, *Coal Miner*

10. Father's Birthplace, *Frederick Md*

Name of Medical Attendant, or other Person who makes this Return, *Wm. Anderson*

Address, _____

Remarks, _____



For its assistance upon this notice, immediately after the birth of a child, the father or mother, or any such person, shall report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

89259

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *the first - (Else)*

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White Race

3. Date of Birth,

Oct 10th 1886

4. Place of Birth, (Street and Number)

303 E. Eager St., City

5. Full Name of Mother,

Emma Hoffmann

6. Mother's Maiden Name,

Emma Ohler

7. Mother's Birthplace,

Stettin, Prussia

8. Full Name of Father,

Louis Hoffmann

9. Father's Occupation,

Merchant

10. Father's Birthplace,

Augsburg, Bavaria

Name of Medical Attendant, or other Person who makes this Return.

W. Diggs Gibson

Address,

1228 E. Tristram Baltimore

Remarks,

N.C.

report its birth to the Commissioner of Health in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subject to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 89260

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. Sex, (state whether male or female)

female

2. Race or Color, (if not of the white race)

white

3. Date of Birth,

Oct 10th

1886

4. Place of Birth, (Street and Number)

Garrett - Avenue

5. Full Name of Mother,

Frederike Bertha Stegmann

6. Mother's Maiden Name,

Frederike Bertha Kopp

7. Mother's Birthplace,

Wittstock (Prussia) Germany

8. Full Name of Father,

John D. Stegmann

9. Father's Occupation,

Labor

10. Father's Birthplace,

Bremen (Germany)

Name of Medical Attendant, or other Person who makes this Return.

Margaret Cretel

Address,

Remarks,



report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH ⁸⁹²⁶¹

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th
1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Celand
3. Date of Birth, Oct. 10th 1896
4. Place of Birth, (Street and Number) 375 Hartford Ave
5. Full Name of Mother, Martha Ayres
6. Mother's Maiden Name, Johnson
7. Mother's Birthplace, City
8. Full Name of Father, Simon E. Ayres
9. Father's Occupation, Laborer
10. Father's Birthplace, City
- Name of Medical Attendant, or other Person who makes this Return. E. B. Fenby, M.D.
- Address, 1201 N. Eden St.
- Remarks, _____

Any person who neglects to report a birth in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

89262

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Seventh

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

3. Date of Birth,

Oct 10

4. Place of Birth, (Street and Number)

No 16 14 St Joseph St

5. Full Name of Mother,

Laura V. White

6. Mother's Maiden Name,

Murray

7. Mother's Birthplace,

Balto

8. Full Name of Father,

Robert H. White

9. Father's Occupation,

Engineer

10. Father's Birthplace,

Balto

Name of Medical Attendant, or other Person who makes this Return

Mary A. Allwell

Address, 282 W Lenox St

Remarks,

report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

89263

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

3

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

3. Date of Birth,

October 10/86

4. Place of Birth, (Street and Number)

N^o 606 S. Broadway

5. Full Name of Mother,

Maria Sommermann

6. Mother's Maiden Name,

Beckmann

7. Mother's Birthplace,

Germany

8. Full Name of Father,

Daniel Sommermann

9. Father's Occupation,

Laborer

10. Father's Birthplace,

Germany

Name of Medical Attendant, or other Person who makes this Return.

Mrs. Louise Kraft.

Address,

N^o 418 S. Washington St.

Remarks,

Report its birth to the Commissioner of Health, in the manner and within the period above required, and pay such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other laws and ordinances are recoverable.

RETURN OF A BIRTH ⁸⁹²⁶⁴

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) _____

2. Race or Color, (if not of the white race) _____

3. Date of Birth, _____

4. Place of Birth, (Street and Number) _____

5. Full Name of Mother, _____

6. Mother's Maiden Name, _____

7. Mother's Birthplace, _____

8. Full Name of Father, _____

9. Father's Occupation, _____

10. Father's Birthplace, _____

Name of Medical Attendant, or other Person who makes this Return, _____

Address, _____

Remarks, _____



Be in attendance upon the mother, from day of birth to day of discharge, and report his birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

Be prepared to report the birth to the Commissioner of Health, in the manner and within the period above required, and any such person who fails to do so shall be liable to a fine not exceeding ten dollars for each offence to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

89265

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd
1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Oct the 10th 1886
4. Place of Birth, (Street and Number) Federal st 1072
5. Full Name of Mother, Mary Hiltz
6. Mother's Maiden Name, Mary Kennedy
7. Mother's Birthplace, Baltimore Md
8. Full Name of Father, Charles Hiltz
9. Father's Occupation, Writer
10. Father's Birthplace, Baltimore
- Name of Medical Attendant, or other Person who makes this Return, Mrs. Baume
- Address, 106 Chester st near Belair road
- Remarks,

RETURN OF A BIRTH ⁸⁹²⁶⁶

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this return.

Address,

Remarks,



October 10, 1890

10326, cv, Howard St

Maggie T. Porter

Maggie T. Porter

Fredrick city, M.D.

Emory H. Porter

Public Nurse and Barber

Baltimore city Md

Amelia Banks

10277 N. Canton St

Report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall neglect or fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other laws and ordinances are recoverable.

RETURN OF A BIRTH

89267

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *6th.*

1. Sex (state whether male or female),

Female

2. Race or Color (if not of the white race),

White

3. Date of Birth,

October 10th. 1886

4. Place of Birth (Street and Number),

No. 131 N. Wolf St.

5. Full Name of Mother,

Bertha Schroeder

6. Mother's Maiden Name,

Bertha Heinrich

7. Mother's Birthplace,

Germany

8. Full Name of Father,

Henry Schroeder

9. Father's Occupation,

Bricklayer

10. Father's Birthplace,

Germany.

Name of Medical Attendant, or other person who makes this Return.

M. A. Burt

Address, *185 S. E. cor Central and W. Monument St.*

Remarks, *647 Ad. Well.*



the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall thereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

89268

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

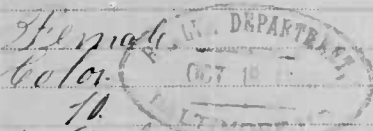
9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,



Oct. 18

114 G. Ford St

Agnes Ellen Trust

Agnes E. Purison

Balto City

Thomas Henry Trusty

Waler

Balto County

Mr. Johnson

No 14 Tison St

6

report its birth in the Commissioner of Health, in the manner and within the period above required, and any such person who fails to do so shall be liable to a fine of ten dollars for each offense to be recovered as other fines and forfeitures are recoverable.

report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

89267

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

3. Date of Birth,

Oct 18 NOV 1861

4. Place of Birth, (Street and Number)

327

Park St

5. Full Name of Mother,

Pemberton

6. Mother's Maiden Name,

7. Mother's Birthplace,

Virginia

8. Full Name of Father,

Geo Pemberton

9. Father's Occupation,

Moulder

10. Father's Birthplace,

Virginia

Name of Medical Attendant, or other Person who makes this Return.

Geo R Graham M.D.

Address,

135 Calumet Ave

Remarks,

RETURN OF A BIRTH ⁸⁹²⁷⁰

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Report the birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who fail to do so, or who make a false report, will be deemed guilty of a misdemeanor, and shall be subject to the fine of ten (10) dollars for each offense to be recovered as other laws and ordinances are recovered.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) ⁵

1. Sex, (state whether male or female) *female*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *Oct 16*

4. Place of Birth, (Street and Number) *229 Washington*

5. Full Name of Mother, *Caroline Komende*

6. Mother's Maiden Name, *Talitz*

7. Mother's Birthplace, *Bohemia*

8. Full Name of Father, *Anton Komende*

9. Father's Occupation, *Tailor*

10. Father's Birthplace, *Bohemia*

Name of Medical Attendant, or other Person who makes this Return.

Address, *Josephine Conrad*

Remarks, *20 Banne*

RETURN OF A BIRTH 89271

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) /

1. Sex, (state whether male or female) *Female*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *10 Oct 1886*

4. Place of Birth, (Street and Number) *Foot of Canton av*

5. Full Name of Mother, *May Gutlaskey*

6. Mother's Maiden Name, *May Ushuk*

7. Mother's Birthplace, *Bokarna*

8. Full Name of Father, *Frank Gutlaskey*

9. Father's Occupation, *Laborer*

10. Father's Birthplace, *Bokarna*

Name of Medical Attendant, or other Person who makes this Return. *May Koppen*

Address, *59 N. Washington St*

Remarks,



report the birth to the Commissioner of Health, in the manner and within the period above required, and any such person who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

893.72

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, Oct. 10th 1896

4. Place of Birth, (Street and Number) #1120 Somerset St

5. Full Name of Mother, L. Bennig

6. Mother's Maiden Name, Schreiber

7. Mother's Birthplace, Balto. Md.

8. Full Name of Father, Fred. Bennig

9. Father's Occupation, Wood-cutter

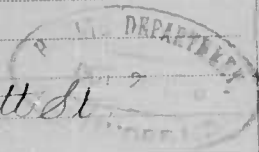
10. Father's Birthplace, Balto. Md.

Name of Medical Attendant, or other Person who makes this return.

Address,

Remarks,

Mrs. Anna Hillegast
#182 E. Hammond St.
1038 (Per Number)



Report the birth to the Commissioner of Health, in the manner and within the period herein required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

Report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH ⁸⁹²⁷³

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2 child

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

3. Date of Birth,

October 10th 1886

4. Place of Birth, (Street and Number)

No 69 S. Payson St.

5. Full Name of Mother,

Jena Schmullenberg.

6. Mother's Maiden Name,

Ch. Heinbockel.

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Frank Schmullenberg

9. Father's Occupation,

Blacksmith.

10. Father's Birthplace,

Elkton City.

Name of Medical Attendant, or other Person who makes this return.

Annie Lindner

Address,

No 45 S. Manager St.

Remarks,

RETURN OF A BIRTH ⁸⁹³⁷⁴

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Third
1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Wh.
3. Date of Birth, Oct 10th
4. Place of Birth, (Street and Number) 1795 Eastern Ave
5. Full Name of Mother, Maria S. Spahr
6. Mother's Maiden Name, Schmidt
7. Mother's Birthplace, Balt.
8. Full Name of Father, Henry Spahr
9. Father's Occupation, Wholesale
10. Father's Birthplace, Balt.
- Name of Medical Attendant, or other Person who makes this Return. E. B. Britton M.D.
- Address, 126 Broadway
- Remarks,

report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

report its birth to the Commissioner of Health. In this manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH ⁸⁹²⁷⁵

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

First

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

W.

3. Date of Birth,

Feb 10th 1895

4. Place of Birth, (Street and Number)

19 Lexington St.

5. Full Name of Mother,

Lavin E Hall Guss

6. Mother's Maiden Name,

Hall

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Joseph E Guss

9. Father's Occupation,

Cigar maker

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return

Dr. J. J. McNamee

Address,

126 Broadway

Remarks,

RETURN OF A BIRTH ^{892'16}

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, Oct 10th 1886

4. Place of Birth, (Street and Number) Maternity 113 + 115 N. Lombard St.

5. Full Name of Mother, Margaret Mc Bride

6. Mother's Maiden Name, "

7. Mother's Birthplace, Maryland

8. Full Name of Father, Unknown

9. Father's Occupation, "

10. Father's Birthplace, "

Name of Medical Attendant, or other Person who makes this Return, W. P. Spraxling M.D.

Address, 113 + 115 N. Lombard St.

Remarks, Cot.

Report the birth to the Commissioner of Health in the manner and within the period above required, and any such person or persons failing to do so, or failing to comply with the regulations of this action, shall be subject to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH ⁸⁹³⁷⁷

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9th child
1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Oct 10th 1880
4. Place of Birth, (Street and Number) 144 Dill st canton
5. Full Name of Mother, Louise schubaum
6. Mother's Maiden Name, Genet
7. Mother's Birthplace, Germany
8. Full Name of Father, August schubaum
9. Father's Occupation, Carpenter
10. Father's Birthplace, Germany
- Name of Medical Attendant, or other Person who makes this Return, Mrs Wiley
- Address, 40611 Patterson Park av
- Remarks, _____



report its birth to the Commissioner of Health in the manner and within the period above required, and any such person or persons who shall nevertheless fail to do so, shall be liable to a fine of not more than \$100 for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 89278

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,



report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH.

89379

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *10th*
1. Sex (state whether male or female) *Male*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *8th 30th P.M. 10th October, 1886*
4. Place of Birth (Street and Number) *326 (old number) McCulloch St*
5. Full Name of Mother *Mary Isabella Moore*
6. Mother's Maiden Name *Mary Isabella Hasson*
7. Mother's Birthplace *Baltimore, Maryland*
8. Full Name of Father *Gustavus John Moore*
9. Father's Occupation *Brick Mason*
10. Father's Birthplace *Savannah, Georgia*
- Name of Medical Attendant, or other Person who makes this Return. *Dr. J. Stroth M.D.*
- Address *(old number) 236 N. Howard St*
- Remarks

name of the mother of such child or children.

RETURN OF A BIRTH ⁸⁹²⁵⁰

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Third

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Oct. 10th 1886

4. Place of Birth, (Street and Number)

502 Pen. Ave

5. Full Name of Mother,

Annie M. Karcher

6. Mother's Maiden Name,

Nichols

7. Mother's Birthplace,

Pa.

8. Full Name of Father,

Frank Karcher

9. Father's Occupation,

Tobaccoist

10. Father's Birthplace,

Baltimore City

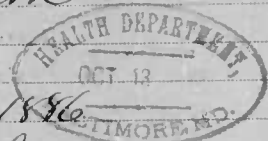
Name of Medical Attendant, or other Person who makes this Return.

Dr. William M.D.

Address,

506 Madison Ave.

Remarks,



report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person who shall fail to do so shall be liable to a fine of ten dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

89281

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

///

///

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2nd

1. Sex (state whether Male or Female)

Female

2. Race or Color (if not of the white race)

White

3. Date of Birth

Oct 10th 1886

4. Place of Birth (Street and Number)

E. Gough st No 1409

5. Full Name of Mother

Ellen Jane Stevens

6. Mother's Maiden Name

Bateholson

7. Mother's Birthplace

Baltimore Md

8. Full Name of Father

George B. Stevens

9. Father's Occupation

Fireman on Road

10. Father's Birthplace

Little Yorks Penn

Name of Medical Attendant, or other Person who

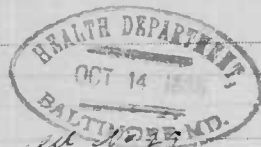
M. A. Davenport

Address

old No 8 & 3 D Avenue

Remarks

Mother Not So Well Baby doing well



born, its or their physician, companion, with the state and of the mother of such child or children.

RETURN OF A BIRTH ⁸⁹²⁸²

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) ^{1st}

1. Sex, (state whether male or female) *Males*

2. Race or Color, (if not of the white race) *Colored*

3. Date of Birth, *October 19th 1896*

4. Place of Birth, (Street and Number) *Wilson St*

5. Full Name of Mother, *Francis Sylse*

6. Mother's Maiden Name, _____

7. Mother's Birthplace, _____

8. Full Name of Father, *Henry Sylse*

9. Father's Occupation, *Hotel Keeper*

10. Father's Birthplace, *Baltimore*

Name of Medical Attendant, or other Person who makes this Return, *Sarah Rollins*

Address, _____

Remarks, _____



be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child, to report its birth to the Commissioner of Health, in the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other laws and ordinances are recoverable.

RETURN OF A BIRTH 89283

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

George Summerfield --- *H. R. Whiteley, Jr*

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.)

1. (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

October 10th 1886

4. Place of Birth, (Street and Number)

524 Vermont St

5. Full Name of Mother,

Sarah Whiteley

6. Mother's Maiden Name,

Hoffman

7. Mother's Birthplace,

Balto

8. Full Name of Father,

George Whiteley

9. Father's Occupation,

Cannery Worker

10. Father's Birthplace,

Balto

Name of Medical Attendant, or other Person who makes this Return

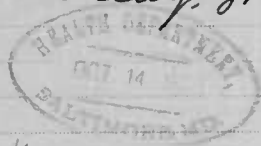
Chas E. Lucette M.D.

Address,

2100 Grand Hill Ave

Remarks,

GIVEN CASE ADDED. 3-13-53



RETURN OF A BIRTH

89284

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) ~~Colored~~ race

3. Date of Birth, Born on Dec 10 1896

4. Place of Birth, (Street and Number) 224 Van St.

5. Full Name of Mother, Anne Smith

6. Mother's Maiden Name, Annie Dwyer

7. Mother's Birthplace, Baltimore City

8. Full Name of Father, Alfred Smith

9. Father's Occupation, Labor

10. Father's Birthplace, Baltimore City

Name of Medical Attendant, or other Person who makes this Return, Catherine Rice

Address, 44 Walker St

Remarks,



be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child to report its birth to the Commissioner of Health. In this case the person or persons of such child shall be liable to a fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH ⁸⁹²⁸⁵

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) ^{1st}

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Oct-10th 1886

4. Place of Birth, (Street and Number)

Easton Ave

5. Full Name of Mother,

Mary Kriener

6. Mother's Maiden Name,

Mary Kriener

7. Mother's Birthplace,

Balt. Md.

8. Full Name of Father,

Charles Kriener

9. Father's Occupation,

Barman

10. Father's Birthplace,

Germany

Name of Medical Attendant, or other Person who makes this Return,

J. T. Spickard M.D.

Address,

No 24 North Patterson Park Ave

Remarks,



be in attendance upon the mother immediately thereafter, and report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 89286

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.) 7

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

Colored

3. Date of Birth

October 10th 1886

4. Place of Birth, (Street and Number)

1217 Maryland ave

5. Full Name of Mother

Olivia Butler

6. Mother's Maiden Name

Brent

7. Mother's Birthplace

Baltimore City

8. Full Name of Father

Wm H Butler

9. Father's Occupation

Cateer

10. Father's Birthplace

Baltimore City

Name of Medical Attendant, or other Person who makes this Return

Mrs Anne Johnson

Address

94 Tyson st

Remarks



report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH ⁸⁹²⁸⁷

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, October 1st 1897

4. Place of Birth, (Street and Number) Baltimore 2nd St. 5

5. Full Name of Mother, Mary Lauterbach

6. Mother's Maiden Name, Lala

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Lewis Lauterbach

9. Father's Occupation, glass burner

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return, Elizabeth Kather

Address, 2nd St. 532

Remarks,

report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other laws and ordinances are recoverable.

RETURN OF A BIRTH 89289

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

1. Child of Mother, (state whether 1st, 2d, 3d, &c.)

2. Sex, (state whether male or female)

3. Race or Color, (if not of the white race)

4. Date of Birth,

5. Place of Birth, (Street and Number)

6. Full Name of Mother,

7. Mother's Maiden Name,

8. Mother's Birthplace,

9. Full Name of Father,

10. Father's Occupation,

11. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return

Address, 120

Remarks,



5th
female child
White race
St. Machin
October 11th
Mary E. O'Brien
Mary E. Koffler
Baltimore
John Joseph O'Brien
Labor
Baltimore
Mr. H. H. H. H.
Green Mount Avenue

RETURN OF A BIRTH. 89290

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 8th

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth October 11th 1886

4. Place of Birth, (Street and Number) N^o 157 Clement St

5. Full Name of Mother, Louise Roten

6. Mother's Maiden Name, Louise Rush

7. Mother's Birthplace, Baltimore

8. Full Name of Father, William Roten

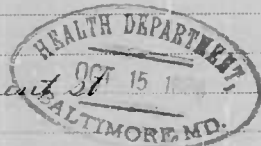
9. Father's Occupation, Laborer

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return, Catherine Hornung

Address, N^o 18 Byrd St

Remarks,



For the attendance upon the mother and child, and for the registration of the birth, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH ⁸⁹²⁹¹

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2nd

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

Colored

3. Date of Birth,

Oct. 11th 1886

4. Place of Birth, (Street and Number)

104 S. Howard St.

5. Full Name of Mother,

Sarah Coleman

6. Mother's Maiden Name,

7. Mother's Birthplace,

Winchester Va

8. Full Name of Father,

Vincent Coleman

9. Father's Occupation,

Waiter

10. Father's Birthplace,

New Orleans La.

Name of Medical Attendant, or other Person who makes this Return.

Argeline Wilson

Address,

314 S. Howard St

Remarks,

be in attendance upon the mother immediately thereafter it shall become the duty of this person or persons of such child to report his birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall be recaptured shall be liable to the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other laws and forfeitures are recoverable.

RETURN OF A BIRTH 89292

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

6th

1. Sex, (state whether male or female)

male

2. Race or Color, (if not of the white race)

colored

3. Date of Birth,

Oct 10th 1886

4. Place of Birth, (Street and Number)

2 gravel alley

5. Full Name of Mother,

Esther Long

6. Mother's Maiden Name,

Erini Brider

7. Mother's Birthplace,

St. Marys Co. Md.

8. Full Name of Father,

Alexander L. Loring

9. Father's Occupation,

Labourer

10. Father's Birthplace,

St. Marys Co. Md.

Name of Medical Attendant, or other Person who makes this Return.

Heater Botence

Address, 2222 Monument Street

Remarks, Old number 89



be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such kind to report to the Registrar of Vital Statistics, Board of Health, Baltimore City, within the period above required, and any such person or persons who shall hereafter fail to comply with the above requirements shall be subject to the fine of \$10 (ten dollars) for each offense to be recovered as other dues and penalties are recoverable.

report the birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH ^{89 293}

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) _____

3. Date of Birth, October 7th

4. Place of Birth, (Street and Number) No 22 Lincaster St.

5. Full Name of Mother, Kate Werner

6. Mother's Maiden Name, Miller

7. Mother's Birthplace, Baltimore

8. Full Name of Father, George Werner

9. Father's Occupation, Laborer

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mrs. Louise Kraft.

Address, No 408 S. Washington

Remarks, _____

RETURN OF A BIRTH

89274

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.)

Fourth child

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth.

Oct. 11th 1886

4. Place of Birth. (Street and Number)

246 E. Pratt St.

5. Full Name of Mother.

R. Eleonora Pomtair

6. Mother's Maiden Name,

" "

7. Mother's Birthplace.

Maryland

8. Full Name of Father.

John R. Pomtair

9. Father's Occupation,

Carpenter

10. Father's Birthplace.

Baltimore

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks.

A. J. Erick M.D.
95 Park Ave

RETURN OF A BIRTH ⁸⁹²⁹⁵

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race)

3. Date of Birth, Oct 11 - 1886

4. Place of Birth, (Street and Number) 247 S. Eden St.

5. Full Name of Mother, Bridget C. Gustare

6. Mother's Maiden Name, Hogan

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Levi Gustare

9. Father's Occupation, Police

10. Father's Birthplace, Syracuse N.Y.

Name of Medical Attendant, or other Person who makes this return. Mary Stein

Address, 1427 E. Pratt St.

Remarks,

Persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) /

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race)

3. Date of Birth, Oct 11th 1884

4. *Place of Birth, (Street and Number)*

5. *Full Name of Mother.*

6. *Mother's Maiden Name.*

7. *Mother's Birthplace,*

8. Full Name of Father,

9. *Father's Occupation.*

10. *Father's Birthplace,*

Name of Medical Attendant, or other Person makes this Return

Address,

Remarks,

RETURN OF A BIRTH ⁸⁷²⁴⁷

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd.

1. Sex, (state whether male or female) _____

Bo

2. Race or Color, (if not of the white race) _____

white

3. Date of Birth, _____

Monday Oct. 11th. 1886

4. Place of Birth, (Street and Number) _____

63 Harford Ave.

5. Full Name of Mother, _____

May Dempsey

6. Mother's Maiden Name, _____

May Fay

7. Mother's Birthplace, _____

Elizabeth City N.J.

8. Full Name of Father, _____

Thomas Dempsey

9. Father's Occupation, _____

An Employee of the Balt & Pot

10. Father's Birthplace, _____

Harford Co. Md

Name of Medical Attendant, or other Person who makes this Return, _____

Wilmer Britton M.D.

Address, _____

Char St & Forest Plac

Remarks, _____



Persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

89298

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Second

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

3. Date of Birth,

Oct 11th

4. Place of Birth, (Street and Number)

Baltimore No 714 little Green st

5. Full Name of Mother,

Mary Steinkamp

6. Mother's Maiden Name,

Mary Murphy

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Frank Steinkamp

9. Father's Occupation,

Cigar Maker

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return,

Mrs M. Shaffer

Address,

135 Ridgely st

Remarks,

report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who fail to do so, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other laws and ordinances are recoverable.

RETURN OF A BIRTH

89279

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who fail to comply with the provisions of this section, shall be subjected in the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

11th of 12

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Born 11th of Oct 1886

4. Place of Birth, (Street and Number)

1212 Brown Lane

5. Full Name of Mother,

Miss Lizzie Heilrich

6. Mother's Maiden Name,

Mrs. Heilmrich

7. Mother's Birthplace,

Bayer - Germany

8. Full Name of Father,

Mr. Richard Heilmrich

9. Father's Occupation,

Butcher

10. Father's Birthplace,

St. Lohren - Germany

Name of Medical Attendant, or other Person who makes this Return

Mr. Miller

Address,

1017 West Pratt St

Remarks,

RETURN OF A BIRTH 89300

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *2nd Oct 11th 1886*

4. Place of Birth, (Street and Number) *130 E Land Vah*

5. Full Name of Mother, *Margaret Fitzpatrick*

6. Mother's Maiden Name, *Connelley*

7. Mother's Birthplace, *Connelley*

8. Full Name of Father, *Fitzpatrick*

9. Father's Occupation, *Blackman*

10. Father's Birthplace, *Ireland*

Name of Medical Attendant, or other Person who makes this Return. *C. B. Harshbarger M.D.*

Address, *59 Calhoun St*

Remarks,



RETURN OF A BIRTH ⁸⁹³⁰¹

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

3. Date of Birth,

11th of October

4. Place of Birth, (Street and Number)

34 S Exeter St.

5. Full Name of Mother,

Katie Nelson

6. Mother's Maiden Name,

Cochran

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

George Nelson

9. Father's Occupation,

Scaffold Man

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return.

Sarah Casper

Address,

72 E. Lombard

Remarks,

Report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person who fails to do so, or who makes a false report, shall be liable to a fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH ⁸⁹³⁰²

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, 11 Oct 1886

4. Place of Birth, (Street and Number) 214 N. Carroll St

5. Full Name of Mother, Mary Schiner

6. Mother's Maiden Name, Mary Belenok

7. Mother's Birthplace, Poland

8. Full Name of Father, Peter Schiner

9. Father's Occupation, Carpenter

10. Father's Birthplace, Bohemia

Name of Medical Attendant, or other Person who makes this Return, Dr. J. H. Lee

Address, 694 N. Maryland St

Remarks, _____



RETURN OF A BIRTH ⁸⁹³⁰³

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,

FILED
1899
White
October 11 - 1899

St. South Arlington Ave

Anna Mary Gardler

" Carr

Philadelphia, Pa

Thomas Gardler

Woolbright

England, County Kent

Brian Shenton

21 St. Regent St

report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten dollars for each offense to be recovered as other fines and forfeitures are recoverable.

report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

89304

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, 11 Oct 1901

4. Place of Birth, (Street and Number) 442 Duane St

5. Full Name of Mother, Caroline Schirer

6. Mother's Maiden Name, Caroline Schirer

7. Mother's Birthplace, Bavaria

8. Full Name of Father, Dr. Klaus

9. Father's Occupation, Doctor

10. Father's Birthplace, Sachsenia

Name of Medical Attendant, or other Person who makes this Return May Kofert

Address, 627 Washington St

Remarks,



RETURN OF A BIRTH

89305

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

4th Child

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

3. Date of Birth,

October 11th 1886

4. Place of Birth, (Street and Number)

No. 5 Bentall St.

5. Full Name of Mother,

Mary Fizzie Wessel

6. Mother's Maiden Name,

" " " Winkler

7. Mother's Birthplace,

Baltimore.

8. Full Name of Father,

George Wessel.

9. Father's Occupation,

Carpenter.

10. Father's Birthplace,

Baltimore.

Name of Medical Attendant, or other Person who makes this Return.

Amie J. Jindrich

Address,

No 45 S. Monroe St.

Remarks,

Report as birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

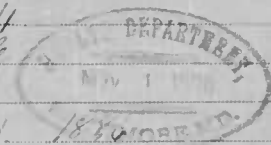
report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

89360
89306

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *4th 11*
1. Sex, (state whether male or female) *female*
2. Race or Color, (if not of the white race) *white*
3. Date of Birth, *October 11 1890*
4. Place of Birth, (Street and Number) *7 Hill Street*
5. Full Name of Mother, *Laura Rella M. E. Lowell*
6. Mother's Maiden Name, *Mitchell*
7. Mother's Birthplace, *Baltimore*
8. Full Name of Father, *William Perry M. E. Lowell*
9. Father's Occupation, *Store Keeper*
10. Father's Birthplace, *Baltimore*
- Name of Medical Attendant, or other Person who makes this Return, *Miss Munch*
- Address, *808 Camden Hall St.*
- Remarks,



RETURN OF A BIRTH ⁸⁹³⁰⁷

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.). 5th

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, Oct 11/86

4. Place of Birth, (Street and Number) 508 Croft

5. Full Name of Mother, Jennett, C. Adams

6. Mother's Maiden Name, Parsons

7. Mother's Birthplace, City

8. Full Name of Father, Joseph G. Adams

9. Father's Occupation, Firmman OVER

10. Father's Birthplace, City

Name of Medical Attendant, or other Person who makes this Return. Dr. J. H. Kamm

Address, _____

Remarks, _____

report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 89308

To the Office of Registrar of Vital Statistics, Board of Health. Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9th
 1. Sex, (state whether male or female) male
 2. Race or Color, (if not of the white race) white
 3. Date of Birth, 238 chop tank St.
 4. Place of Birth, (Street and Number) october 11 1886
 5. Full Name of Mother, Mary pitenger
 6. Mother's Maiden Name, Mary garrett
 7. Mother's Birthplace, Baltimore city
 8. Full Name of Father, Richard pitenger
 9. Father's Occupation, Carpenter
 10. Father's Birthplace, Baltimore city
 Name of Medical Attendant, or other Person who makes this Return, Rachel a. tyler
 Address, 65 burke st
 Remarks,

report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subject to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 89309

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) female

2. Race or Color, (if not of the white race) white

3. Date of Birth, Oct 11 1886

4. Place of Birth, (Street and Number) 1211 N. 1st St.

5. Full Name of Mother, Lizzie Feeney

6. Mother's Maiden Name, Gribbon

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Charles Feeney

9. Father's Occupation, Officer

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return, H. S. Barnard

Address, 47 E. Center St.

Remarks,



RETURN OF A BIRTH.

89.310

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex (state whether Male or Female) Female

2. Race or Color (if not of the white race) White

3. Date of Birth Oct 11th 1886

4. Place of Birth (Street and Number) 92 Preston St

5. Full Name of Mother Louise Killet

6. Mother's Maiden Name Louise Simmons

7. Mother's Birthplace Baltimore Md

8. Full Name of Father Edward Henry Killet

9. Father's Occupation Ship Broker

10. Father's Birthplace New York

Name of Medical Attendant, or other Person who makes this Return. The J. M. Mendenhall M.D.

Address 80 Read St.

Remarks



born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH ⁸⁹³¹¹

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2
1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) colored
3. Date of Birth, October the 11th
4. Place of Birth, (Street and Number) Baltimore 12 Jasper Street
5. Full Name of Mother, Matilda Parker
6. Mother's Maiden Name, Matilda Carter
7. Mother's Birthplace, Northumberland County Pa
8. Full Name of Father, William Parker
9. Father's Occupation, Driver
10. Father's Birthplace, Satlbunghth Northumberland
- Name of Medical Attendant, J. W. duval or other Person who makes this Return.
- Address, 140 9 Jasper Street
- Remarks,



In accordance with the provisions of the Act of the 10th of March, 1893, the Registrar of Vital Statistics, Board of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH *89312*

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *3rd*

1. Sex, (state whether male or female) *Female*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *Oct 11th*
4. Place of Birth, (Street and Number) *83 Mulberry St*
5. Full Name of Mother, *Annie Bockstein*
6. Mother's Maiden Name, *Annie Hamman*
7. Mother's Birthplace, *Germany*
8. Full Name of Father, *August Bockstein*
9. Father's Occupation, *Baker*
10. Father's Birthplace, *Germany*

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,

Mrs. Clifer
24 Columbia Ave



Birth of any child born to a woman, immediately thereafter it shall become the duty of the person or persons of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered.

RETURN OF A BIRTH

89313

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

8

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

11 of Oct

4. Place of Birth, (Street and Number)

1448 Baltimore

5. Full Name of Mother,

Emma White

6. Mother's Maiden Name,

Emma Whitford

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Joseph White

9. Father's Occupation,

Book Binder

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return.

Dr. J. W. White

Address,

1448 North St

Remarks,



Report its birth in the Commissioner of Health, in the manner and within the period above required, and any such person who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 89314

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth. Oct 11th 1886

4. Place of Birth, (Street and Number) 393 Division St

5. Full Name of Mother. Rosa Massien

6. Mother's Maiden Name. Kelly

7. Mother's Birthplace. Balto

8. Full Name of Father. Julius Massien

9. Father's Occupation. Fireman

10. Father's Birthplace. Balto

Name of Medical Attendant, or other Person who
made this Return

Address, Chas E Sadler M.D.

Remarks, 2100 Grand Hill Ave

report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 89315

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2
1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth. 11-6-90
4. Place of Birth, (Street and Number) No. 215
5. Full Name of Mother. Jennie Knight
6. Mother's Maiden Name. Philadelphia
7. Mother's Birthplace. Williamstown
8. Full Name of Father. William Knight
9. Father's Occupation. Brick Layer
10. Father's Birthplace. Philadelphia
Name of Medical Attendant, or other Person who makes this Return. Edward G. Smith
Address. 1015 N. 2nd St.
Remarks.



RETURN OF A BIRTH

89316

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *4th Child*

1. Sex, (state whether male or female) *Boy*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *11th of October 1886*

4. Place of Birth, (Street and Number) *330 East Ocean Street*

5. Full Name of Mother, *Maggie Schirlitz*

6. Mother's Maiden Name, *Maggie Hahn*

7. Mother's Birthplace, *Baltimore*

8. Full Name of Father, *John Hahn*

9. Father's Occupation, *Baker*

10. Father's Birthplace, *Germany*

Name of Medical Attendant, or other Person who makes this Return *Crescencia Kunkel*

Address, *No 213 North Chapel Street per Gustina Kunkel*

Remarks, *Healthy*

report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

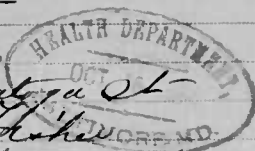
CERTIFICATE CORRECTED 5-14-51
RETURN OF A BIRTH

89317

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: *Charles Fisher* --- *3rd*
No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female) *Male*
 2. Race or Color, (if not of the white race) *White*
 3. Date of Birth, *Oct 13th 12 1886*
 4. Place of Birth, (Street and Number) *201 Parady St*
 5. Full Name of Mother, *Josephine Fisher*
 6. Mother's Maiden Name, *Josephine Klemmer*
 7. Mother's Birthplace, *Germany*
 8. Full Name of Father, *Bernhard Fisher*
 9. Father's Occupation, *Confectioner*
 10. Father's Birthplace, *Germany*
- Name of Medical Attendant, or other Person who makes this Return, *Mrs. Riejer*
Address, *24 Columbia Ave*
Remarks,



RETURN OF A BIRTH.

89318

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

1st

1. Sex (state whether ~~Male~~ or Female)

2. Race or Color (if not of the white race)

3. Date of Birth

Oct 12

4. Place of Birth (Street and Number)

272 William St

5. Full Name of Mother

Charlotte

6. Mother's Maiden Name

Diez

7. Mother's Birthplace

Balt.

8. Full Name of Father

Charles Schumann

9. Father's Occupation

Letter Carrier

10. Father's Birthplace

Balt.

Name of Medical Attendant, or other Person who makes this Return.

William D. S.

Address

278 Madison Ave.

Remarks

State, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH ⁸⁹³¹⁹

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, 12th of October

4. Place of Birth, (Street and Number) 509 St. Charles St

5. Full Name of Mother, Laura Locklin

6. Mother's Maiden Name, Laura Murdock

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Curran Locklin

9. Father's Occupation, Iron ~~Factory~~ Worker

10. Father's Birthplace, Ireland

Name of Medical Attendant, or other person who makes this Return, Mrs. S. J. J. J.

Address, 515 S. Chester St

Remarks, Healthy child

Birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons so attending to report its birth to the Registrar of Vital Statistics, Board of Health, Baltimore City, within the time specified in the regulations for that purpose, and the mother or person who shall be responsible for each offense to be recovered.

RETURN OF A BIRTH

89330

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

3rd

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

Colored

3. Date of Birth,

Oct 12 1886

4. Place of Birth, (Street and Number)

350 Hill street

5. Full Name of Mother,

Emma Henry

6. Mother's Maiden Name,

Emma Soder

7. Mother's Birthplace,

Baltimore Md

8. Full Name of Father,

Robert Henry

9. Father's Occupation,

Labourer

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return,

Angeline Wilson

Address,

314 D. Howard St

Remarks,

See instructions upon the register, Registrar's Handbook. It shall be the duty of the parent or parents of such child, to register the birth of such child, and to sign the register, with the provisions of this section, shall be subject to the fine of ten (10) dollars for each offence to be registered as other how and forfeitures are recoverable.

See in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child, to report its birth to the Commissioner of Health, within the period above required, and any such person or persons so failing to do so, shall be liable to a fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 89321

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 9
1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) _____
3. Date of Birth 12th, Oct. 1886.
4. Place of Birth, (Street and Number) 119. 1st. Bethel st
5. Full Name of Mother, Frese Flutemarch
6. Mother's Maiden Name, Frese Busch
7. Mother's Birthplace, Caldenburg
8. Full Name of Father, Henry Flutemarch
9. Father's Occupation, Speculator
10. Father's Birthplace, Caldenburg
- Name of Medical Attendant, or other Person who makes this Return, Miss Ekanna Kallbach
- Address, 18 1st Wolfe St. Balt. Md
- Remarks, _____

RETURN OF A BIRTH 89322

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Second

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

No 332 Park St

4. Place of Birth, (Street and Number)

October 12 1888

5. Full Name of Mother,

Mary Barlett Eliot

6. Mother's Maiden Name,

" " Eliot

7. Mother's Birthplace,

Germany

8. Full Name of Father,

William Eliot

9. Father's Occupation,

Collector

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return.

Wm C Seaback

Address,

435 W Pratt St

Remarks,

report the birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 89333

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Four*
1. Sex, (state whether male or female) *Male*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *on Tuesday October 12th half past 6 P.M.*
4. Place of Birth, (Street and Number) *N. Lattbeck North Fremont St.
(near 1112)*
5. Full Name of Mother, *Lizzie*
6. Mother's Maiden Name, *Secker*
7. Mother's Birthplace, *Baltimore*
8. Full Name of Father, *Hermann Lattbeck*
9. Father's Occupation, *Barber & Printer*
10. Father's Birthplace, *Baltimore*
- Name of Medical Attendant, or other Person who makes this Return, *Mr. C. Seclack*
- Address, *132 N Pratt street*
- Remarks,

be in attendance upon the mother, immediately thereafter it shall be the duty of the person in charge of such child to report its birth to the Commissioner of Health, in the manner and within the time specified in this return, and any person who shall hereafter fail to comply with these provisions shall be subject to the fine of ten (10) dollars for each offense to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH ^{89.324}

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

13th

1. Sex, (state whether male or female)



2. Race or Color, (if not of the white race)

3. Date of Birth,

12th Oct 1886

4. Place of Birth, (Street and Number)

Henry St

5. Full Name of Mother,

Virginia Brooks

6. Mother's Maiden Name,

Hudson

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

William Brooks

9. Father's Occupation,

Printer

10. Father's Birthplace,

North Carolina

Name of Medical Attendant, or other Person who makes this Return.

Elizabeth Jewell

Address,

68 Fort Ave

Remarks,

report his birth to the Commissioner of Health. In the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

89.335

to ascertain the total income of the decedent during the period of years in which he reports his birth to the Commissioner of Health. In the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be levied as a civil fine and forfeitures are recoverable.

Remarks.

or other Person who
makes this Return.



RETURN OF A BIRTH

89326

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

8th

1. Sex, (state whether male or female)

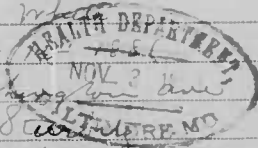
Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Oct



4. Place of Birth, (Street and Number)

71 Washington Ave

5. Full Name of Mother,

Kate

Sturbitz

6. Mother's Maiden Name,

Kate

Fetsch

7. Mother's Birthplace,

Balt

8. Full Name of Father,

Geo Sturbitz

9. Father's Occupation,

Shoemaker

10. Father's Birthplace,

Maryland

Name of Medical Attendant, or other Person who makes this Return.

Geo R Graham M.D.

Address,

136 Columbia Ave

Remarks,

report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who fail to do so, shall be subject to the fine of a (10) dollars for each offense to be recovered as other due and forfeiture are recoverable.

RETURN OF A BIRTH ⁸⁹³²⁷

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) ^{3 5}

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

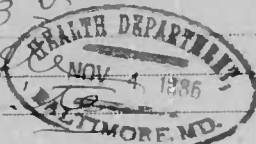
9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,



M. J. L.
Oct 12
N. Durham St 365
Mary Matejowski
Barborka
Bohemie
Anton Matejowski
Tailor
Bohemie
Josephine Conrad
20 Barnes St

penalty for its failure to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 89325

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1*

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race)

3. Date of Birth, *12 October*

4. Place of Birth, (Street and Number) *36 S. Lincolnton Alley*

5. Full Name of Mother, *Ellen Lincolnton*

6. Mother's Maiden Name, *Mitchell*

7. Mother's Birthplace, *Ireland*

8. Full Name of Father, *John Lincolnton*

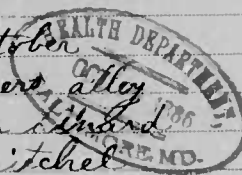
9. Father's Occupation, *Labourer*

10. Father's Birthplace, *Ireland*

Name of Medical Attendant, or other Person who make this Return. *Sarah Casper*

Address, *72 E. Lombard*

Remarks,



Report in Births in the Commissioner of Health, in the margin and within the period these required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense in be recovered as other fines and forfeitures are recoverable.

report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

89329

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) _____

3. Date of Birth, 12 October

4. Place of Birth, (Street and Number) Highlandtown

5. Full Name of Mother, Catherine Deker

6. Mother's Maiden Name, Camber

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Louis Frederick Deker

9. Father's Occupation, Fire Department

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who
witnessed this Return, Dr. C. Casper

Address, 72 E. Lombard

Remarks, _____

RETURN OF A BIRTH

89.330

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Boy

2. Race or Color, (if not of the white race) White

3. Date of Birth, 12 Oct 1886

4. Place of Birth, (Street and Number) 368 Fayette St

5. Full Name of Mother, Mary Sedlak

6. Mother's Maiden Name, Mary Samarin

7. Mother's Birthplace, Borodai

8. Full Name of Father, Anton Sedlak

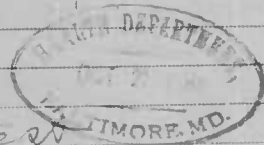
9. Father's Occupation, Tailor

10. Father's Birthplace, Bohemia

Name of Medical Attendant, or other Person who makes this Return, May Sedlak

Address, 6911 Washington Ave

Remarks,



report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this article, shall be subject to the fine of ten (10) dollars for each offense to be recovered as other laws and ordinances are enforceable.

89331

BALTIMORE CITY.

- 10.
- Father's Birthplace*

Remarks

Batho Ma

Jane D. Foster

of other Person who
makes this Return.

#17 Hamilton Jan 17

RETURN OF A BIRTH 89332

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, 12th October

4. Place of Birth, (Street and Number) 165. Henrietta St.

5. Full Name of Mother, Mary Smuttermann

6. Mother's Maiden Name, Mary Miller

7. Mother's Birthplace, Ellicott City

8. Full Name of Father, Frank Smuttermann

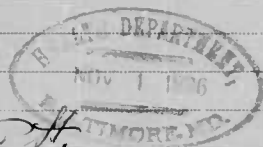
9. Father's Occupation, Furniture Dealer.

10. Father's Birthplace, Germany.

Name of Medical Attendant, or other Person who makes this Return, Miss Munch

Address, 500 Seadenhall St

Remarks,



report its birth to the Commissioner of Health, in the manner and within the time specified, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 89.333

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3 child.
1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) _____
3. Date of Birth, October 12 + 1856
4. Place of Birth, (Street and Number) Cor. W. & G. & Ramsey Sts.
5. Full Name of Mother, Jane Roberts
6. Mother's Maiden Name, " Roberts
7. Mother's Birthplace, Ireland
8. Full Name of Father, Charles Roberts
9. Father's Occupation, Farmer
10. Father's Birthplace, Ireland.
- Name of Medical Attendant, or other Person who makes this Return, Samuel S. Lincolns
- Address, No 43 S. Monro St.
- Remarks, _____

report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

89.334

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

5th

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Oct. 12th 86

4. Place of Birth, (Street and Number)

#504 Conway St

5. Full Name of Mother,

Lora Leet Kaiser

6. Mother's Maiden Name,

Pritchard

7. Mother's Birthplace,

Virginia

8. Full Name of Father,

John Leet Kaiser

9. Father's Occupation,

Baker

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other person who makes this return.

Mary Froh

Address,

#328 S. Euter St

Remarks,

report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 89335

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 10th
1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Oct 12th 86
4. Place of Birth, (Street and Number) # 626 Conway St
5. Full Name of Mother, Elizabeth Wolfe
6. Mother's Maiden Name, Eliz. Quickman
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Augustus Wolfe
9. Father's Occupation, Police Officer
10. Father's Birthplace, Baltimore
- Name of Medical Attendant, or other Person who makes this Return, Mary Kroh
- Address, # 328 S. Eutaw St.
- Remarks,

report to birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subject to be fined in a sum not exceeding \$100 for each offense to be recovered in either law and for costs are recoverable.

89.336

report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

Remarks,

RETURN OF A BIRTH

89337

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

5a

1. Sex, (state whether male or female)

female

2. Race or Color, (if not of the white race)

white

3. Date of Birth,

Oct 12 1886

4. Place of Birth, (Street and Number)

corner of ...

5. Full Name of Mother,

Catherin Cadden

6. Mother's Maiden Name,

Larkins

7. Mother's Birthplace,

Baltimore City

8. Full Name of Father,

John Cadden

9. Father's Occupation,

carpenter

10. Father's Birthplace,

Baltimore City

Name of Medical Attendant, or other Person who makes this return.

Washed & after

Address,

...

Remarks,

report in birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (\$10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 89338

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

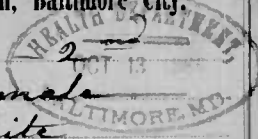
9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,



Female

White

(12) 12 October

Baltimore Chester St, No 518

Hannah E. Raffle

Hannah E. Carter

LaSalle Ills

Harry E. Raffle

Book keeper

Chilia

Lusan Morgan

No 47 Durham St

report its birth in the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense.

RETURN OF A BIRTH

89339

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

7th

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Oct. 12, 1886

4. Place of Birth, (Street and Number)

267 W. Biddle

5. Full Name of Mother,

Annie H. Allen

6. Mother's Maiden Name,

Warner

7. Mother's Birthplace,

Balto City

8. Full Name of Father,

Geo. W. Allen

9. Father's Occupation,

Painter

10. Father's Birthplace,

Balto City

Name of Medical Attendant, or other Person who makes this Return.

John H. H. H. H.

Address,

506 Madison Ave.

Remarks,



Send this birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 89340

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st
1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, Oct 12 1894
4. Place of Birth, (Street and Number) 701 N. Kernal St
5. Full Name of Mother, Susan Lewis
6. Mother's Maiden Name, Susan Harris
7. Mother's Birthplace, Balt
8. Full Name of Father, Chas Lewis
9. Father's Occupation, Laborer
10. Father's Birthplace, Balt
- Name of Medical Attendant, or other Person who makes this Return, Daniel J. Mayne M.D.
- Address, 728 Douglass St
- Remarks, City



RETURN OF A BIRTH.

89341

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

Second

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth

Oct 12, 1886

4. Place of Birth, (Street and Number)

12

Rupert Place

5. Full Name of Mother,

Emma Snyder

6. Mother's Maiden Name,

Johnson

7. Mother's Birthplace,

Rising Sun

Cecil Co. Md

8. Full Name of Father,

John Snyder

9. Father's Occupation,

Carpenter

10. Father's Birthplace,

Cecil Co Md

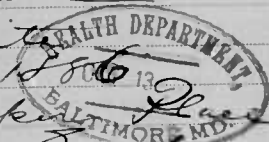
Name of Medical Attendant, or other Person who makes this Return

Augustus Dill Md

Address,

614 W. Lombard St

Remarks,



Be in attendance upon the mother, throughout the period above required, and any such person report its birth to the Commissioner of Health, in the manner and within the time prescribed, or persons who shall hereafter fail to comply with the provisions of this act, shall be liable to a fine of ten dollars for each infraction to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 89342

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) _____

2. Race or Color, (if not of the white race) _____

3. Date of Birth, _____

4. Place of Birth, (Street and Number) _____

5. Full Name of Mother, _____

6. Mother's Maiden Name, _____

7. Mother's Birthplace, _____

8. Full Name of Father, _____

9. Father's Occupation, _____

10. Father's Birthplace, _____

Name of Medical Attendant, or other Person who makes this Return, _____

Address, _____

Remarks, _____



See the regulations issued by the Board of Health, in the manner and within the period above required, and any such person report his birth to the Commissioner of Health, or persons who shall hereafter comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other dues and forfeitures are recoverable.

RETURN OF A BIRTH ^{89.34.3}

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,



All persons born in the city of Baltimore, and within the period always required, and any such person report its birth to the Commissioner of Health, in the manner and within the time specified in this section, shall be subject to the fine of ten (10) dollars for each offense to be recovered in other fines and forfeitures are recoverable.

report the birth in the Compendium of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

89344

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

The 1 Child

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

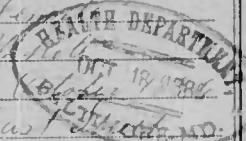
9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,



The 13 of October
No 418 East Baltimore St.

Rosa Helbing

Rosa Schmeck

Baltimore County

Oscar Helbing

Bellmawher

Germany

Mr. C. H. Lane

No 172 Maryland Ave

Bal. Md

1886

born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

89345

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

92

1. Sex (state whether Male or Female)

Robert Cohen
L.D. 4/1/100

2. Race or Color (if not of the white race)

3. Date of Birth

Octob. 13

4. Place of Birth (Street and Number)

190 German St.

5. Full Name of Mother

Cennie

6. Mother's Maiden Name

Wilinsky

7. Mother's Birthplace

German

8. Full Name of Father

Alexander Cohen

9. Father's Occupation

Clothier

10. Father's Birthplace

Germany

Name of Medical Attendant, or other Person who
made this Return.

William H. H. M.D.
258 Madison Ave

Address

Remarks

RETURN OF A BIRTH ^{89.346}

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.)

5 Child.

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

3. Date of Birth.

Oct 15 1886

4. Place of Birth, (Street and Number)

275 Battery Ave.

5. Full Name of Mother.

Carrie B. Dwyer

6. Mother's Maiden Name.

Grinnell

7. Mother's Birthplace.

Germany

8. Full Name of Father.

John Hann Dwyer

9. Father's Occupation.

Shoe-maker

10. Father's Birthplace.

Germany

Name of Medical Attendant, or other Person who makes this Return.

J. L. Huggins, M.D.

Address,

330 Hanover St.

Remarks,

be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH ^{89.347}

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, Oct. 13th 1886

4. Place of Birth, (Street and Number) Cor. Chew & Dallas sts

5. Full Name of Mother, Augusta Byrnes

6. Mother's Maiden Name, " Fitch

7. Mother's Birthplace, Prince Georges Co.

8. Full Name of Father, James Byrnes

9. Father's Occupation, Laborer

10. Father's Birthplace, Anne Arundel Co.

Name of Medical Attendant, or other Person who makes this Return. E. B. Tenby, M.D.

Address, 1201 W. Eden St

Remarks, _____

Birth of any child shall occur without delay, and the mother shall be in attendance upon the mother, immediately thereafter it shall be the duty of the person or persons of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall fail to comply with the provisions of this section, shall be subject to the fine of ten (10) dollars for each offence to be recovered as other laws and ordinances are recoverable.



89348

to be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child, to report, in to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall heretofore fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

Remarks, _____

RETURN OF A BIRTH ⁸⁹³⁴⁹

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, October 13th 1886

4. Place of Birth, (Street and Number) No. 26 Vantage St.

5. Full Name of Mother, Augusta Schlot Knesper

6. Mother's Maiden Name, Schlot

7. Mother's Birthplace, Balt. City.

8. Full Name of Father, John Knesper

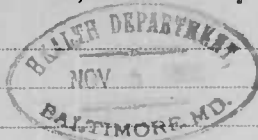
9. Father's Occupation, Machinist

10. Father's Birthplace, Germany

Name of Medical Attendant, Dr. J. C. Olden
or other Person who makes this Return.

Address, 4 E. Cor. Columbia & Fremont Aves.

Remarks, Child in good physical condition & living

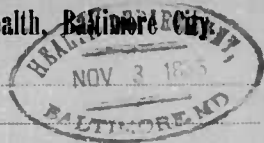


Report in birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

593.50

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Boy

2. Race or Color, (if not of the white race) White

3. Date of Birth, Wednesday Dec. 13th 1886

4. Place of Birth, (Street and Number) 33 E. Broadway

5. Full Name of Mother, Mollie McCadden Crook

6. Mother's Maiden Name, Mollie McCadden

7. Mother's Birthplace, Staff Norfolk Va

8. Full Name of Father, Arlington Lee Crook

9. Father's Occupation, Engaged in the hat business

10. Father's Birthplace, Balt. Md

Name of Medical Attendant, or other Person who make this return, William Britton M.D

Address, 1401 St. Louis Plac

Remarks,

report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH ^{89.351}

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) ¹²⁵

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *Oct 13*

4. Place of Birth, (Street and Number) *55 Prince*

5. Full Name of Mother, *Anne Bern*

6. Mother's Maiden Name, *" " Jackson*

7. Mother's Birthplace, *Bohemia*

8. Full Name of Father, *John Bern*

9. Father's Occupation, *Laborer*

10. Father's Birthplace, *Bohemia*

Name of Medical Attendant, or other Person who makes this Return, *Joseph Conrad*

Address, *20 Barnes St*

Remarks,

For each child born in Baltimore City, the Registrar of Vital Statistics, Board of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subject to the fine of \$10 (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.



He in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of said child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

87,352

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

3

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

3. Date of Birth,

13th of October

4. Place of Birth, (Street and Number)

94 Exeter St

5. Full Name of Mother,

Kate Lemar

6. Mother's Maiden Name,

Mc Goss

7. Mother's Birthplace,

Ireland

8. Full Name of Father,

Pat Mike Lemar

9. Father's Occupation,

Laborer

10. Father's Birthplace,

Ireland

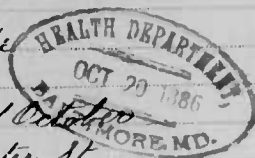
Name of Medical Attendant, or other Person who makes this Return.

Mrs. Casper

Address,

72 E. Lombard

Remarks.



RETURN OF A BIRTH 89.353

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d
1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race)
3. Date of Birth, October 20 1889
4. Place of Birth, (Street and Number) Baltimore, Patterson St. No. 40
5. Full Name of Mother, Mary Thomas
6. Mother's Maiden Name, Stevenson
7. Mother's Birthplace, Baltimore
8. Full Name of Father, William Thomas
9. Father's Occupation, Car Rider
10. Father's Birthplace, Baltimore
- Name of Medical Attendant, or other Person who makes this Return, Elizabeth Halloran
- Address, 2141 St. Paul St.
- Remarks,

See instructions upon the matter, transmitted by the Registrar of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense upon the matter, transmitted by the Registrar of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense.

RETURN OF A BIRTH 89354

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *8th ~~1st~~ child*

1. Sex, (state whether male or female) *male*

2. Race or Color, (if not of the white race) *white*

3. Date of Birth, *13th Oct 1886*

4. Place of Birth, (Street and Number) *No 20 Nantuxke St*

5. Full Name of Mother, *Annie M. Reese*

6. Mother's Maiden Name, *Annie " Thomas*

7. Mother's Birthplace, *Baltimore City*

8. Full Name of Father, *Woodford H. Reese*

9. Father's Occupation, *Carpenter*

10. Father's Birthplace, *Baltimore City*

Name of Medical Attendant, or other Person who makes this Return.

Address, *Miss Susan Hunter*

Remarks, *21st Payroll*

be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons so designated to report the birth to the Commissioner of Health, in the manner and within the period prescribed, and any person neglecting to do so, or any person who shall knowingly furnish false information, shall be subject to the fine of \$10 (ten) dollars for each offense in so far as it is so provided in other laws and ordinances are recoverable.

RETURN OF A BIRTH 89.355

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2nd*

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race) *Oct. 13th 1886*

3. Date of Birth, *#157 Harrison St*

4. Place of Birth, (Street and Number) *Elizabeth Snyder*

5. Full Name of Mother, *" Snyder*

6. Mother's Maiden Name, *" Edwards*

7. Mother's Birthplace, *Balto. Md.*

8. Full Name of Father, *Frank Snyder*

9. Father's Occupation, *Plumber Gas Fitter*

10. Father's Birthplace, *Alex. Ia.*

Name of Medical Attendant, or other Person who makes this Return, *Mrs. Anna Hillegert*

Address, *#182 E. Monument St.*

Remarks, *1038 (New Number)*

Report to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subject to the fine of ten (\$10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *First*
1. Sex, (state whether male or female) *Male*
2. Race or Color, (if not of the white race) *W.*
3. Date of Birth, *Oct 13th 1896*
4. Place of Birth, (Street and Number) *2113 E. Lombard St.*
5. Full Name of Mother, *Rosa M. Rasmussen*
6. Mother's Maiden Name, *Kalt.*
7. Mother's Birthplace, *Danish*
8. Full Name of Father, *Peter C. Rasmussen*
9. Father's Occupation, *Ship Chandler*
10. Father's Birthplace, *Danish*
- Name of Medical Attendant, or other Person who makes this Return, *E. J. Britton M.D.*
- Address, *124 Spaulman*
- Remarks,

As in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

Be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons who shall report the birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

1935

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *6th Child*

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *October 13th 1886*

4. Place of Birth, (Street and Number) *at Exeter St. 107*

5. Full Name of Mother, *Fanny Kaskel*

6. Mother's Maiden Name, *Fanny Bernbaum*

7. Mother's Birthplace, *Posen Germany*

8. Full Name of Father, *Charles Kaskel*

9. Father's Occupation, *Posen Germany Merchant Taylor*

10. Father's Birthplace, *Posen Germany*

Name of Medical Attendant, or other Person who makes this Return, *Mary E. Müller*

Address, *1200 S. St. No. 26. New No. 114*

Remarks,



RETURN OF A BIRTH ^{89.358}

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8 Wolfe

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, Oct. 13, 1886

4. Place of Birth, (Street and Number) 46 Harrison St.

5. Full Name of Mother, Ethel Socher

6. Mother's Maiden Name, Ethel Kirsenstein

7. Mother's Birthplace, Russia

8. Full Name of Father, Julius Socher

9. Father's Occupation, Storekeeper

10. Father's Birthplace, Russia

Name of Medical Attendant, E. L. Lerman
or other Person who makes this Return

Address, 1110 Market St. at 1123.

Remarks,

See in Attendance upon the mother, immediately thereafter, if it shall become the duty of the person or persons of such kind to report the birth to the Commissioner of Health, in the manner and within the time provided in the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH ^{9.3.57}

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) _____

2. Race or Color, off of the white race

3. Date of Birth, 10.13.86.

4. Place of Birth, (Street and Number) 124 18. Poppleton (Colo)

5. Full Name of Mother, Annie Jones

6. Mother's Maiden Name, Watts

7. Mother's Birthplace, Bald

8. Full Name of Father, Mrs. Jones

9. Father's Occupation, business

10. Father's Birthplace, Alexandria Va.

Name of Medical Attendant, or other Person who makes this Return Wm Eastman

Address, 349 Lexington

Remarks, Natural



Notice of any return which is not made within the time specified in this notice, shall be a misdemeanor, and the person who shall be guilty of such offense, shall be liable to a fine of not more than \$100, or to imprisonment for not more than 30 days, or to both such fine and imprisonment, at the discretion of the court. The person who shall be guilty of such offense, shall be liable to a fine of not more than \$100, or to imprisonment for not more than 30 days, or to both such fine and imprisonment, at the discretion of the court.

RETURN OF A BIRTH ⁸⁹³⁶⁰

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, 13 of October 1896

4. Place of Birth, (Street and Number) 112 Patterson

5. Full Name of Mother, Maria Kehlmann

6. Mother's Maiden Name, Maria Calmore

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Louis Kehlmann

9. Father's Occupation, Engineer

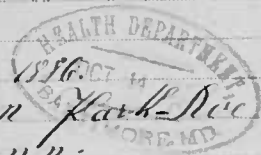
10. Father's Birthplace, Baltimore

Name of Medical Attendant,

or other Person who makes this Return

Address,

Remarks,



Birth of any child shall occur without the attendance of a physician or of a practitioner of midwifery, or of any other person, who shall be immediately thereunto, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner and within the period always required, except in the cases of the birth and death of illegitimate children, which may be reported by any person or persons, who shall hereafter fail to comply with the provisions of this act, and shall be subject to a fine of ten dollars for each offense, to be recovered as other laws and regulations are recoverable.

RETURN OF A BIRTH

87361

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Second (2d)*

1. Sex, (state whether male or female) *male*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *October 18, 1886*

4. Place of Birth, (Street and Number) *No 173 Gough St. W. Wolfe*

5. Full Name of Mother, *Mrs. Mary Adelaide Gibson*

6. Mother's Maiden Name, *Miss M. A. Booth*

7. Mother's Birthplace, *Baltimore, Md.*

8. Full Name of Father, *Mr. James Melvord Gibson*

9. Father's Occupation, *Rigger*

10. Father's Birthplace, *Baltimore, Md.*

Name of Medical Attendant, or other Person who makes this Return, *Mrs. H. Glendinning MD*

Address, *10102 N. Broadway (New 418)*

Remarks,

in accordance with the act, immediately thereafter it shall become the duty of the person or persons of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

In case the birth of any child shall be reported to the attention of a Physician or practitioner of midwifery, or should no other person report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subject to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

89362

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

13

14 1885

4. Place of Birth, (Street and Number)

W. 84 Baltimore

5. Full Name of Mother,

Barbra Apple

6. Mother's Maiden Name,

Barbra Gies

7. Mother's Birthplace,

Leira

8. Full Name of Father,

John Apple

9. Father's Occupation,

Carpen dr.

10. Father's Birthplace,

Green

Name of Medical Attendant, or other Person who makes this Return.

John G. Gieseler

Address,

2512 West 4

Remarks,

RETURN OF A BIRTH 89363

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Sex, (state whether male or female)

Race or Color, (if not of the white race)

Date of Birth

Place of Birth, (Street and Number)

Full Name of Mother

Mother's Maiden Name

Mother's Birthplace

Full Name of Father

Father's Occupation

Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return

Address

Remarks



This form, when filled out, shall be submitted to the office of the Registrar of Vital Statistics, Board of Health, Baltimore City, for each and every use to be recovered as other data and forfeitures are recoverable.

RETURN OF A BIRTH

89364

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2nd*

1. Sex, (state whether male or female) *Female*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *Oct 13 1892*

4. Place of Birth, (Street and Number) *215 S. Chadwell*

5. Full Name of Mother, *Mattie W. Todd*

6. Mother's Maiden Name, *W. Todd*

7. Mother's Birthplace, *Galveston, Texas*

8. Full Name of Father, *Richard Todd*

9. Father's Occupation, *Seaman*

10. Father's Birthplace, *Cardinal, Md.*

Name of Medical Attendant, or other Person who makes this Return, *W. C. Cooke, M.D.*

Address, *140 St. James St.*

Remarks,

Persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

89365

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2nd*

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race):

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,

Wynona
Oct 13 1886
100 Franklin
Wynona Lewis
" "
James Lewis
James Lewis
Clark
Baltimore
Wynona Lewis
100 Franklin

A fee of six cents for the Registrar of Health, in the hospital and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subject to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH ^{89,366}

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8th

1. Sex (state whether male or female), Male

2. Race or Color (if not of the white race), White

3. Date of Birth, October 14th 1886

4. Place of Birth (Street and Number), No - Baltimore

5. Full Name of Mother, Catharina Fooshter

6. Mother's Maiden Name, Cath. Spindler

7. Mother's Birthplace, Germany

8. Full Name of Father, John F. Fooshter

9. Father's Occupation, Laborer

10. Father's Birthplace, Germany

Name of Medical Attendant, M. A. B. to or other person who makes this Return.

Address, 185 S. E. cor. Central av. & Monument St.

Remarks, 647 All Well

the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 89.367

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *6th.*

1. Sex (state whether male or female),

Female

2. Race or Color (if not of the white race),

White

3. Date of Birth,

October 14th. 1886

4. Place of Birth (Street and Number),

No. 36. Monument St.

5. Full Name of Mother,

Lizzie Siebert

6. Mother's Maiden Name,

Lizzie Young

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Fred. Siebert.

9. Father's Occupation,

Sailor

10. Father's Birthplace,

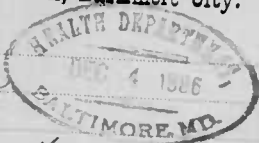
Germany.

Name of Medical Attendant, or other person who makes this Return.

M. J. Butt.

Address, *185 S. E. cor Central av. & Monument St.*

Remarks, *All Well.*



The Registrar of Health, in the manner and within the period above required, may cause any such person or persons who neglect or refuse to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 19368

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fourth

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, Oct 7, 1882

4. Place of Birth, (Street and Number) 127 S. York St.

5. Full Name of Mother, Emilie Adams

6. Mother's Maiden Name, Kingling

7. Mother's Birthplace, Philadelphia, Pa.

8. Full Name of Father, George Dickerson Adams

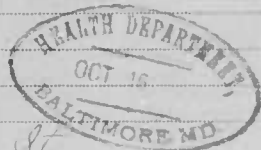
9. Father's Occupation, Bookkeeper for General and Export Co.

10. Father's Birthplace, Pa.

Name of Medical Attendant, or other Person who makes this Return L. E. Dyer, M.D.

Address, 1405 S. Calver St.

Remarks,



RETURN OF A BIRTH.

89369

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

Third

1. Sex (state whether Male or Female)

Male

2. Race or Color (if not of the white race)

Colored

3. Date of Birth

Oct 14th 1886

4. Place of Birth (Street and Number)

Whitcomb St No 800

5. Full Name of Mother

Ida Harrison.

6. Mother's Maiden Name

" "

7. Mother's Birthplace

Virginia

8. Full Name of Father

Child is illegitimate

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

Geo C Ogle M.D.

Address

229. Caret. new No 711.

Remarks



RETURN OF A BIRTH 89370

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number).

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,



RETURN OF A BIRTH. 89871

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 11.

1. Sex, (state whether male or female) Male.
2. Race or Color, (if not of the white race) White.
3. Date of Birth Oct. 14. 1896.
4. Place of Birth, (Street and Number) 14 Hill.
5. Full Name of Mother, Charlotte Kelly.
6. Mother's Maiden Name, Leonard.
7. Mother's Birthplace, Baltimore.
8. Full Name of Father, John Kelly.
9. Father's Occupation, Laborer.
10. Father's Birthplace, Virginia.

Name of Medical Attendant, or other Person who makes this Return.

Address, 15- Montgomery St.

Remarks,



be in attendance upon the mother, immediately thereafter it must become the duty of the person or persons or persons who report the birth to the Commissioner of Health, to the end that within the period above required, and any such person or persons who shall thereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (\$10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

89372

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.)

2nd

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

15th

January 1874

4. Place of Birth, (Street and Number)

154 Ranney St

5. Full Name of Mother,

Jessie Cresser

6. Mother's Maiden Name,

Jessie Londer

7. Mother's Birthplace,

England

8. Full Name of Father,

George Cresser

9. Father's Occupation,

Wigamaker

10. Father's Birthplace,

Little York Pennsylvania

Name of Medical Attendant, or other Person who makes this Return

M. W. Hill

Address,

413 Poppleton St.

Remarks,

RETURN OF A BIRTH. 89373

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 5

1. Sex, (state whether male or female) female

2. Race or Color, (if not of the white race)

3. Date of Birth 14th Oct 1886

4. Place of Birth, (Street and Number) 1931. Est. Batt. st.

5. Full Name of Mother, Sahra Edman

6. Mother's Maiden Name, Sahra Conner

7. Mother's Birthplace, Batt. County, Md.

8. Full Name of Father, John Edman

9. Father's Occupation, Fireman on tug

10. Father's Birthplace, Batt, Md.

Name of Medical Attendant, or other Person who makes this Return, Miss Johanna Raubach

Address, 14 Sh. Wolfe st.

Remarks,

be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child, to report the birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten dollars for each offence to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH ⁸⁹³⁷⁴

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) ^{7th}

1. Sex, (state whether male or female) ^{Male}

2. Race or Color, (if not of the white race) ^{White}

3. Date of Birth, ^{Oct - 14 - 1886}

4. Place of Birth, (Street and Number) ^{214 West Bayville St}

5. Full Name of Mother, ^{Yellic Shaab}

6. Mother's Maiden Name, ^{" Hulshoff}

7. Mother's Birthplace, ^{City}

8. Full Name of Father, ^{Jos. A. Shaab}

9. Father's Occupation, ^{Butcher}

10. Father's Birthplace, ^{City}

Name of Medical Attendant, or other Person who makes this Return ^{Wm. B. Sullivan M.D.}

Address, ^{3 East Biddle St}

Remarks,

should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report his birth to the Board of Health, in the manner, and within the period herein required, except in the cases of stillbirths, in which case the mother shall be subject to a fine of ten dollars for each offense, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH ⁸⁹³⁷⁵

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *3rd*

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

white

3. Date of Birth,

Oct. 14th

4. Place of Birth, (Street and Number)

56 E. Pratt St.

5. Full Name of Mother,

Mary Ann

6. Mother's Maiden Name,

" Kellyberger

7. Mother's Birthplace,

Balt.

8. Full Name of Father,

Henry Ann

9. Father's Occupation,

Carpenter

10. Father's Birthplace,

Balt.

Name of Medical Attendant, or other Person who makes this Return,

C. L. Buddenb.

Address,

166 J. Paca St.

Remarks,

be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child, to report his birth to the Commissioners of Health, within the period of thirty days after the birth of the child, and to pay for each offence to be recovered as other fines and forfeitures are recoverable.



RETURN OF A BIRTH

89376

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

9

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Oct. 14 1880

4. Place of Birth, (Street and Number)

E. Monument St.

5. Full Name of Mother,

Lizzie Jane

6. Mother's Maiden Name,

Devlin

7. Mother's Birthplace,

Balto Md.

8. Full Name of Father,

George A. Dane

9. Father's Occupation,

Salesman

10. Father's Birthplace,

Balto Md.

Name of Medical Attendant, or other Person who makes this Return.

Wm R. Miller

Address,

1302 Broadway

Remarks,

81

Be it remembered, that the Commissioner of Health, in the manner and within the period above required, and any such person report returns who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.



report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of five (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 89377

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,

Male

White

Oct 14

32 Miller St

Lizzie Supik

" Svec

Bohemian

Frank Supik

Tailor

Bohemian

Josephine Conrad

20 Barnes St

RETURN OF A BIRTH

89378

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

1. Child of Mother, (state whether 1st, 2d, 3d, &c.)

Seventh Child

2. Sex, (state whether male or female)

Male

3. Race or Color, (if not of the white race)

White

4. Date of Birth,

14 th. of October

5. Place of Birth, (Street and Number)

839 Forest St.

6. Full Name of Mother,

Margaret Rehill.

7. Mother's Maiden Name,

Margaret Olan.

8. Mother's Birthplace,

Ireland.

9. Full Name of Father,

Francis Vincent Rehill

10. Father's Occupation,

Laborer.

11. Father's Birthplace,

Ireland

Name of Medical Attendant, or other Person who makes this Return

Mrs. Warden.

Address,

120 Greenmount Ave

Remarks,



RETURN OF A BIRTH 89379

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 11

1. Sex, (state whether male or female) Boy

2. Race or Color, (if not of the white race)

3. Date of Birth, October 14 1886

4. Place of Birth, (Street and Number) 146 Centret A.V.

5. Full Name of Mother, Barbry Celandor

6. Mother's Maiden Name, Barbry Schoorman

7. Mother's Birthplace, Germany

8. Full Name of Father, Charles Celandor

9. Father's Occupation, Taylor

10. Mother's Birthplace, Germany

Name of Medical Attendant, or other Person who makes this Return Mrs Louisa Smith

Address, home of child John Celandor

Remarks,



RETURN OF A BIRTH ⁸⁹³⁵⁰

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

3. Date of Birth,

14th of Oct OCT 20 1886

4. Place of Birth, (Street and Number)

502 Eastern Ave.

5. Full Name of Mother,

Mary Busketo

6. Mother's Maiden Name,

Goday

7. Mother's Birthplace,

Italy

8. Full Name of Father,

Angela Busketo

9. Father's Occupation,

Brocer

10. Father's Birthplace,

Italy

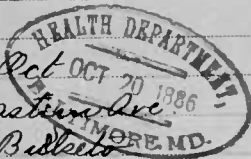
Name of Medical Attendant, or other Person who makes this Return

Sarah Casper

Address,

72 E. Lombard

Remarks,



be in attendance upon the mother, immediately thereafter, or if dead, within the period above required, and any such person report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this act (on), shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH ^{89,382}

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. Sex, (~~state whether male or female~~)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,



Birth of any child shall be reported to the Registrar of Vital Statistics, Baltimore City, within the time specified in the following table, and any person who fails to do so shall be liable to a fine of ten dollars for each offence to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

89353

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

3. Date of Birth

Sept 14 1896

4. Place of Birth, (Street and Number)

315 W Cor of N Washington & Fairmount Ave

5. Full Name of Mother,

Mary A Price

6. Mother's Maiden Name,

Hudson

7. Mother's Birthplace,

Washington D.C.

8. Full Name of Father,

Charles C Price

9. Father's Occupation,

Fish Dealer

10. Father's Birthplace,

George Town

Name of Medical Attendant, or other Person who makes this Return.

M. J. Parnport

Address,

225 S Anna St

Remarks,

Doing well

be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such kind, to report its birth to the Commissioner of Health, in the manner and within the time prescribed by the Board of Health, and for each offence to be punished as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 89384

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (☒ not of the white race)

3. Date of Birth, October 14th 1886

4. Place of Birth, (Street and Number) 110 Northallan Baltimore Md

5. Full Name of Mother, Nora Harrison

6. Mother's Maiden Name, Nora Friday

7. Mother's Birthplace, Baltimore Maryland

8. Full Name of Father, James H. Harrison

9. Father's Occupation, Laborer

10. Father's Birthplace, Cumberburg New Jersey

Name of Medical Attendant, or other Person who makes this Return Mrs. E. L. Tully

Address, 696 Light St

Remarks, Very well

report its birth to the Commissioners of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 89385

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race)

3. Date of Birth,

October 14th 86

4. Place of Birth, (Street and Number)

24 E. Cor. Sharp & Hamburg St.

5. Full Name of Mother,

Anna Elizabeth Hebling

6. Mother's Maiden Name,

Anna Elizabeth Kehler

7. Mother's Birthplace,

Balto.

8. Full Name of Father,

John H. Hebling

9. Father's Occupation,

Pharmacist

10. Father's Birthplace,

Balto.

Name of Medical Attendant, or other Person who makes this return.

Miss Munson

Address,

500 Seadenhall St.

Remarks,

be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child to report its birth to the Registrar of Vital Statistics, Baltimore City, within the time and in the manner required, and pay such portion of the fee as may be required, and the fee for the registration of the birth shall be paid by the person or persons of such child, and for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

89386

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st Child



1. Sex, (state whether ~~male~~ or female)
2. Race or Color, (if not of the white race) White
3. Date of Birth, October 14, 1886
4. Place of Birth, (Street and Number) E. Monument St. No 1534.
5. Full Name of Mother, Charlotte Stuekrath
6. Mother's Maiden Name, Charlotte Papp.
7. Mother's Birthplace, Balt^{ic} City
8. Full Name of Father, John Stuekrath
9. Father's Occupation, Cigarren maker
10. Father's Birthplace, Balt^{ic} City

Name of Medical Attendant, or other Person who makes the Return.

Address, N. Dallas St. No 26.

Mary E. Müller

Remarks,

See the attendance upon this mother, immediately after the birth of the child, and report the birth to the Commissioner of Health, within the time specified in the regulations of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH ⁸⁹³⁸⁷

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) male

2. Race or Color, (if not of the white race) white

3. Date of Birth, Oct. 14. 1886

4. Place of Birth, (Street and Number) 19 Pratt Street

5. Full Name of Mother, Julie Kaplan

6. Mother's Maiden Name, _____

7. Mother's Birthplace, Europe

8. Full Name of Father, Isaac Kaplan

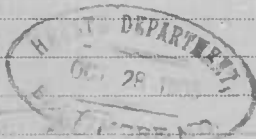
9. Father's Occupation, Business

10. Father's Birthplace, Europe

Name of Medical Attendant, or other Person who makes this Return. Dr. G. B. Bernstein

Address, 49 S. E. 1st St.

Remarks, _____



The Registrar of Vital Statistics, Baltimore City, is authorized to receive and file all returns of births, marriages, and deaths, and to issue certificates of birth, marriage, and death, and to keep a record of the same. Any person who fails to report the birth of a child, or the marriage of a couple, or the death of a person, within the period specified in this section, shall be subject to the fine of ten (\$10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 1938

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st.

1. Sex (state whether male or female),

Male

2. Race or Color (if not of the white race),

Color

3. Date of Birth,

October 15th

4. Place of Birth (Street and Number),

432. Phost St.

5. Full Name of Mother,

Lizzie Wic

6. Mother's Maiden Name,

" "

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

}

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return.

M. A. Burt

Address, 185 S.E. cor Central ave. & Monument St

Remarks, All Well



mother, immediately thereafter if shall become the duty of the person or persons of such child to report the birth to the Commissioner of Health, in the manner and within the period above required, and any such person who fails to do so shall be liable to a fine of not more than \$100, and shall be subject to the fine of not less than \$10 for each offense, to be recovered as other fines and forfeitures are recoverable.

Register. Immediately thereafter it shall become the duty of the person or persons of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH ^{pg. 389}

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether male or female),

2. Race or Color (if not of the white race),

3. Date of Birth,

4. Place of Birth (Street and Number),

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return.

Address, 185 S. E. cor Central ave. & Monument St.

Remarks, All Well

64
HEALTH DEPARTMENT
RECEIVED
APR 4 1886
Colored
October 15th. 1886
132 N. Spring.
Sadona Steward
Sadona Bell
Baltimore
George Steward
Laborer
Baltimore
M. A. Butt.

RETURN OF A BIRTH ⁸⁹⁷³⁷⁰

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.)

2d

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

W. Brit

3. Date of Birth.

Oct 15 - 1886

4. Place of Birth, (Street and Number)

601 Lenox Court

5. Full Name of Mother.

Ella Hansen

6. Mother's Maiden Name.

Claffott

7. Mother's Birthplace.

Camden N. J.

8. Full Name of Father.

J. W. Hansen

9. Father's Occupation.

~~Butcher~~ Carpenter

10. Father's Birthplace.

Baltimore

Name of Medical Attendant, or other Person who makes this Return

Samuel T. Harrington

Address.

615 35 Canton Ave

Remarks.

should to either person be, in accordance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offense, to be recovered as other laws and regulations are recoverable.

RETURN OF A BIRTH 89391

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *First child*
1. Sex, (state whether male or female) *Female*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *October 15th 1896*
4. Place of Birth, (Street and Number) *Baltimore, Bakers Court (new) 1035*
5. Full Name of Mother, *Mrs. Carrie Spiesbach*
6. Mother's Maiden Name, *Mrs. Carrie Berlin*
7. Mother's Birthplace, *Charleston S. C.*
8. Full Name of Father, *Charles Spiesbach*
9. Father's Occupation, *Cigar Maker*
10. Father's Birthplace, *Baltimore Md.*
- Name of Medical Attendant, or other Person who makes this Return, *Mrs. J. J. J. J.*
- Address, *90 North Charles St.*
- Remarks,

See in attendance upon the mother, immediately thereafter it shall be the duty of the person or persons of the kind and number of such child to report its birth to the Commission on the part of the mother, and with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH ⁸⁹³⁹²

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

4 Girl

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

15 Off

3. Date of Birth,

Easter

4. Place of Birth, (Street and Number)

Lizi Burg

5. Full Name of Mother,

n n Teiler

6. Mother's Maiden Name,

Baltimore

7. Mother's Birthplace,

John Burg

8. Full Name of Father,

Baltimore

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return

Miss Maures

Address,

Remarks,

Cets Market Space 12 15

to be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such kind to report the birth to the Registrar of Vital Statistics, Baltimore City, within the period above required, and any such person or persons who fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable

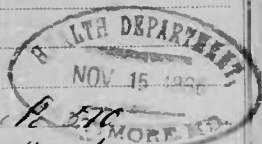


be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 89393

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *6 birth*
1. Sex, (state whether male or female) *female*
2. Race or Color, (if not of the white race) *white*
3. Date of Birth, *15 October*
4. Place of Birth, (Street and Number) *Mechrist St. No. 270*
5. Full Name of Mother, *Mari Beckenkamp*
6. Mother's Maiden Name, *Herlein*
7. Mother's Birthplace, *Breitenbach, Prussia*
8. Full Name of Father, *Friedrich Beckenkamp*
9. Father's Occupation, _____
10. Father's Birthplace, *Munich, Sachsen, Germany*
- Name of Medical Attendant, or other Person who makes this Return, *Mrs. Maurer*
- Address, _____
- Remarks, *Cent's Market Space No. 15*



RETURN OF A BIRTH

89394

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

First, Second,

1. Sex, (state whether male or female)

Female.

2. Race or Color, (if not of the white race)

Black.

3. Date of Birth,

Oct. 15th 1884.

4. Place of Birth, (Street and Number)

Maternity, 1134 1/2 W. Lombard St.

5. Full Name of Mother,

Sarah Moore.

6. Mother's Maiden Name,

Sarah Moore.

7. Mother's Birthplace,

Maryland.

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

L. F. Cunningham, M.D.

Address,

1134 1/2 W. Lombard St.

Remarks.

be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child to
or persons who shall hereafter fall to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars
for each offense to be returned as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 89375

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race)

3. Date of Birth, October 13/86

4. Place of Birth, (Street and Number) No 131 Gough St

5. Full Name of Mother, Katie Brinkman

6. Mother's Maiden Name, Behmer

7. Mother's Birthplace, Baltimore

8. Full Name of Father, William Brinkman

9. Father's Occupation, Laborer

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mrs. Louise Kraft

Address, No 405 S Washington St.

Remarks,

In attendance upon the mother, immediately thereafter it shall become the duty of the person or persons who shall add to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

89.396

be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such kind to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

34

- Normalo

- Dec 15th 1881

- 415 St Bernard

- Maggie Fisher

11. Gretchen

- C. 74

- Prof. K. H. K. H. K.

- Conductor

- Act

Mrs Elizabeth Kelly

120 Bank St.

Remarks,

RETURN OF A BIRTH 89397

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,



The person or persons upon whom the mother, immediately thereafter it shall become the duty of the person or persons of such child to report the birth to the Registrar of Vital Statistics, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

89398

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *First*

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *Oct 15*

4. Place of Birth, (Street and Number) *163 E Lombard St*

5. Full Name of Mother, *Annie A. Hammes*

6. Mother's Maiden Name, *Ann A. Armstrong*

7. Mother's Birthplace, *Virginia*

8. Full Name of Father, *John G. Hammes*

9. Father's Occupation, *Builder*

10. Father's Birthplace, *Fullington*

Name of Medical Attendant, or other Person who makes this Return. *Virginia Wheeler*

Address, *204 Paul St*

Remarks,



RETURN OF A BIRTH 89400

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, Sept 18th

4. Place of Birth, (Street and Number) 209 E. Lombard St.

5. Full Name of Mother, Ella R. Gockel

6. Mother's Maiden Name, Ella R. Humbert

7. Mother's Birthplace, Silver Spring, Carroll Co., Md.

8. Full Name of Father, Hess F. Gockel

9. Father's Occupation, Baker

10. Father's Birthplace, Baltimore, Md.

Name of Medical Attendant, or other Person who makes this Return, Annie Lindner

Address, No. 45 S. Market St.

Remarks,

Report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

89401

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether ~~male~~ or female)

2. Race or Color, (if not of the white race)

3. Date of Birth, Oct 15th / 86

4. Place of Birth, (Street and Number) Old No 159 Little Green St

5. Full Name of Mother,

Minnie Hoffman

6. Mother's Maiden Name,

Miller

7. Mother's Birthplace,

Baltimore City

8. Full Name of Father,

August C Hoffman

9. Father's Occupation,

Charge of Lumberyard & Paint

10. Father's Birthplace,

Baltimore County

Name of Medical Attendant, or other Person who makes this Return.

Mrs Minch

Address,

800 Lindenhall St

Remarks,

in all cases to the Commissioner of Health, in the manner and within the period above required, and any such person who fails to do so, or who reports the birth to the Commissioner of Health, or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH ⁸⁹⁴⁰²

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.)

First

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth.

Oct 15 1886

4. Place of Birth, (Street and Number)

S. E. Cor Eagle & McDougall

5. Full Name of Mother.

Eliza W. Fox

6. Mother's Maiden Name.

Baker

7. Mother's Birthplace.

Carroll County

8. Full Name of Father.

William Henry Fox

9. Father's Occupation.

Bookster

10. Father's Birthplace.

Harford County

Name of Medical Attendant, or other Person who makes this Return

J. B. Schwabacher M.D.

Address.

Cor Quay & Cornis

Remarks.

Should any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should any other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or person of which child is reported to report to the Board of Health, in the manner, and within the time, and under the penalties, provided by the laws of the City of Baltimore, and any person or persons who shall herein fail to comply with the provisions of the laws of the City of Baltimore, shall be liable to a fine of ten dollars, or to imprisonment for not more than thirty days, or to both such fine and imprisonment, at the discretion of the Court.

be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (\$10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH ⁸⁹⁴⁰³

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2, 6 child.

1. Sex, (state whether male or female)

Male.
Colored.

2. Race or Color, (if not of the white race)

3. Date of Birth,

13. Oct. 1886.

4. Place of Birth, (Street and Number)

80 Ellen Lane Warner Freeman
Corner.

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

Spotsylvania

8. Full Name of Father,

Will Tom Lusk

9. Father's Occupation,

Lafayette Ins. Company.

10. Father's Birthplace,

Virginia

Name of Medical Attendant, or other Person who makes this return.

Annie Marie Wilson

Address,

11 Peach Alley Between Hanbury & Howard

Remarks,

Midwife.

RETURN OF A BIRTH

89404

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *3rd Child*

1. Sex, (state whether male ~~or female~~)

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *October 15, 1886*

4. Place of Birth, (Street and Number) *N. Durham St. No 187*

5. Full Name of Mother, *Anna Maria Blops*

6. Mother's Maiden Name, *Anna Maria Tim*

7. Mother's Birthplace, *Oberknecht, Gr. Hessen, Germany*

8. Full Name of Father, *Johannes Blops*

9. Father's Occupation, *Carpenter*

10. Father's Birthplace, *Schlehdorfer, Gr. Hessen, Germany*

Name of Medical Attendant, or other Person who makes this return. *Mary E. Muller*

Address, *N. Dallas St. No 26*

Remarks,

report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 89405

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *3rd Child*

1. Sex, (state whether male or female) *Male*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *October 26, 15*
4. Place of Birth, (Street and Number) *Petterson Park. Av. No. 448*
5. Full Name of Mother, *Julie Cook*
6. Mother's Maiden Name, *Julie Rodger*
7. Mother's Birthplace, *Balti^o City*
8. Full Name of Father, *John Cook*
9. Father's Occupation, *Cabinet maker*
10. Father's Birthplace, *Balti^o City*

Name of Medical Attendant, or other Person who makes this Return *Mary E. Müller*

Address, *N. Dallas St. No. 26 apt 114. new*

Remarks,

Report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

89406

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex (state whether male or female),

Male

2. Race or Color (if not of the white race),

White

3. Date of Birth,

October 15th 1886

4. Place of Birth (Street and Number),

23 E. 2nd St. BALTIMORE, MD.

5. Full Name of Mother,

Maggie Shultz

6. Mother's Maiden Name,

Maggie Young

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Ritchard Shultz

9. Father's Occupation,

Carpenter

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other person who makes this Return.

M. A. Butt

Address,

185 S.E. cor. Central ave. & Monument.

Remarks,

all Well

Register, June 1st, 1886, otherwise it shall become the duty of the person or persons in each column to report the birth to the Registrar of Health, in the manner and within the time specified, and who shall be liable for each failure to do so, and who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 89407

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Second

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

3. Date of Birth,

Oct 16 1886

4. Place of Birth, (Street and Number)

944 Bingham St

5. Full Name of Mother,

Emma V. Wilson

6. Mother's Maiden Name,

" " Press

7. Mother's birthplace,

Balto

8. Full Name of Father,

Chas. A. Wilson

9. Father's occupation,

Carpenter

10. Father's birthplace,

Balto

Name of Medical Attendant, or other Person who makes this Return.

Harry A. Allwell

Address, 112 N. Donogh St

Remarks,

Birth of any child upon the mother, immediately thereafter it shall become the duty of the father to report in person to the Commissioner of Health, in the manner and within the period above required, and any such person who fails to do so shall be liable to a fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

See in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subject to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

89408

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Second

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

3. Date of Birth,

Oct 16 - 86

4. Place of Birth, (Street and Number)

No 504 Ainsworth St

5. Full Name of Mother,

Annie Phillips

6. Mother's Maiden Name,

Brown

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Rudolph Phillips

9. Father's Occupation,

Candy Maker

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return.

Mary A. Allwell

Address, 412 N. Donagh St

Remarks,

RETURN OF A BIRTH ⁸⁹⁴⁰⁹

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,



Male
 20 Horn
 Oct. 16
 Kate Miller
 Paul
 German
 Mike Miller
 Laborer
 German
 Josephine (Purd)
 25 Barnes St

No in attendance upon the mother, immediately after the birth, is liable to a fine of \$100, because the duty of the person or persons of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of \$100 (100) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH ^{8/11/10}

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 10 Oct 11/16 1886

1. Sex, (state whether male or female) female child

2. Race or Color, (if not of the white race) colored child

3. Date of Birth, October 11/16 1886

4. Place of Birth, (Street and Number) 83 McEllderry Street

5. Full Name of Mother, Anna M. Jones

6. Mother's Maiden Name, Annice M. Banks

7. Mother's Birthplace, Baltimore City

8. Full Name of Father, Andrew Jones

9. Father's Occupation, Waiter

10. Father's Birthplace, Baltimore City

Name of Medical Attendant, or other person who makes this Return

Address, Durkee Samson

Remarks, No 208 Chesnut Street

should be in at evidence upon the mother, immediately thereafter, it shall then become the duty of the parent or guardian to cause the child to be registered in the name, and within the period herein required, except in the case of a child born illegitimate, in which case any person or persons who shall hereafter fall to comply with the provisions of this act shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH 89411

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, Oct 16/88

4. Place of Birth, (Street and Number) 30 Edmondson Ave

5. Full Name of Mother, Sarah Hirsch

6. Mother's Maiden Name, " Watman

7. Mother's Birthplace, Va

8. Full Name of Father, Henry A Hirsch

9. Father's Occupation, Insurance Agent

10. Father's Birthplace, Germany

Name of Medical Attendant, or other Person who makes this Return, Thomas Opie M.D.

Address, 179 St. Howard St

Remarks,

In case of a stillbirth, the mother, immediately thereafter, shall secure the date of the event for the purpose of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be assessed as other fines and forfeitures are recoverable.



RETURN OF A BIRTH.

89412

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

1st Child

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth

Oct 16 1880

4. Place of Birth, (Street and Number)

315 Laurel St.

5. Full Name of Mother,

Mary G. Barton

6. Mother's Maiden Name,

Mary G. Grady

7. Mother's Birthplace,

Denville Va.

8. Full Name of Father,

Robert H. Barton

9. Father's Occupation,

Physician

10. Father's Birthplace,

Crittenden Co. Ark.

Name of Medical Attendant, or other Person who makes this Return.

Dr. F. Powell M.D.

Address,

315 S. Bond St. Cal.

Remarks,

Child Healthy

Be in attendance upon the mother, immediately thereafter, it shall be the duty of the person or persons of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required; and any such person or persons who shall fail to do so, shall be liable to a fine of ten dollars, and shall be liable to imprisonment for each offense to be reported.

RETURN OF A BIRTH 89413.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

3

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

3. Date of Birth,

October 28th 1886

4. Place of Birth, (Street and Number)

No 184 S. Belmel St.

5. Full Name of Mother,

Sophie Ruppert

6. Mother's Maiden Name,

Andrew

7. Mother's Birthplace,

Germany

8. Full Name of Father,

George Ruppert

9. Father's Occupation,

Laborer

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return.

Mrs. Louise Kraft

Address,

No 405 S. Washington St.

Remarks,

In attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person who fails to do so, or who reports the same in any manner other than that prescribed, shall be liable to a fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 89414

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race)

3. Date of Birth 16th Oct. 1886

4. Place of Birth, (Street and Number) 11th Ann. St.

5. Full Name of Mother, Maggie Miller

6. Mother's Maiden Name, Maggie Grams

7. Mother's Birthplace, Fredk. County, Md.

8. Full Name of Father, Samuel Miller

9. Father's Occupation, Conductor on street cars.

10. Father's Birthplace, Balt. Md.

Name of Medical Attendant, or other Person who makes this Return, Miss Thanna Kautsch

Address, 18th St., Wolfe, St.

Remarks,

It is the duty of the Registrar to see that the attendance of a physician or midwife at the birth of a child, or of a nurse or other person, is reported to the Registrar of Vital Statistics, Board of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subject to the fine of ten (10) dollars for each offense to be recovered.

report his birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

GIVEN NAME ADDED 7-11-56
RETURN OF A BIRTH

89415

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Isabel Louise Jackson

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2nd*

1. Sex, (state whether male or female) *Female*

2. Race or Color, (if not of the white race) *Colored*

3. Date of Birth, *October 15. 1886*

4. Place of Birth, (Street and Number) *1031 Watson St*

5. Full Name of Mother, *Amelia C. Jackson*

6. Mother's Maiden Name, *Amelia C. Williamson*

7. Mother's Birthplace, *Raleigh, Kytes, Ontario, Town Canada*

8. Full Name of Father, *James Alex. Jackson*

9. Father's Occupation, *Teacher*

10. Father's Birthplace, *Jamaica Long Island New York*

Name of Medical Attendant, or other Person who makes this Return, *Lulu Morgan*

Address, *47 North Dunham St.*

Remarks,

RETURN OF A BIRTH 89416

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st
1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) white
3. Date of Birth, October the 16th
4. Place of Birth, (Street and Number) Baltimore 10th St. No. 102
5. Full Name of Mother, Margaret Blauvelt
6. Mother's Maiden Name, Allen
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Henry Blauvelt
9. Father's Occupation, Labourer
10. Father's Birthplace, Lincoln Co. N.Y.
- Name of Medical Attendant, or other Person who makes this Return, Elizabeth Tuberman
- Address, Light St. No. 532
- Remarks, _____

Let the attendant upon the mother, immediately thereafter it shall become the duty of the person or persons of such child to report the birth of the child to the Registrar of Vital Statistics, within the period above required, and any such person who fails to do so, or who reports the birth of the child to the Registrar of Vital Statistics, shall be subject to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 89417

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5, Baby

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, Oct. 14, 1886

4. Place of Birth, (Street and Number) 188 Highland

5. Full Name of Mother, Sarah Blufeld

6. Mother's Maiden Name, Sarah Grimsen

7. Mother's Birthplace, Russia

8. Full Name of Father, Isaac Blufeld

9. Father's Occupation, Bookbinder

10. Father's Birthplace, Russia

Name of Medical Attendant, or other Person who makes this Return Dr. Schorman

Address, at Libman's at 1123

Remarks, _____

This form is to be filled out by the mother, immediately thereafter, it shall be the duty of the Registrar of Vital Statistics, Board of Health, to report its birth in the Commission of Health, in the manner and within the period above required, and any such person or persons who shall have their full to copy, with the provisions of this act, and be subjected to the fine of \$10 (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,



birth of any child shall occur without the attendance of a physician or practitioner of medicine, or of a midwife, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person so attending to report the birth to the Commissioner of Health, in the manner and within the period above required, and no person who shall neglect or refuse to do so shall be liable to a fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

89419

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

Male Child

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

10 26 October 16

4. Place of Birth, (Street and Number)

Palms St

5. Full Name of Mother,

Lottie Murphy Haret

6. Mother's Maiden Name,

Levin

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Alexander Haret

9. Father's Occupation,

Physician

10. Mother's Birthplace,

Baltimore Md

Name of Medical Attendant, or other person who makes this Return.

Leisa

Gyison

Address,

109 Bowle St

Remarks,



RETURN OF A BIRTH ⁸⁹⁴³⁰

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *3rd*

1. Sex (state whether male or female),

Female

2. Race or Color (if not of the white race),

Color

3. Date of Birth,

October 17th 1885

4. Place of Birth (Street and Number),

No 35 Dunkin Alley

5. Full Name of Mother,

Minda Price

6. Mother's Maiden Name,

Minda Sanders

7. Mother's Birthplace,

Tolchester County

8. Full Name of Father,

Henry Price

9. Father's Occupation,

Laborer

10. Father's Birthplace,

Virginia

Name of Medical Attendant, or other person who makes this Return.

W. A. Butt

Address,

685 S.E. cor Central ave. & Monument St

Remarks,

All Well

the Commissioner of Health, in the manner and within the period there required, and any such person or persons who shall be found to comply with the provisions of this act, shall be entitled to a fee of one dollar for each birth recorded, and for each death recorded, and for each case and for each case are recoverable.

RETURN OF A BIRTH ⁸⁹⁴²¹

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 21

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

October 18, 1894

4. Place of Birth, (Street and Number)

255 Bally. St.

5. Full Name of Mother,

Emily Jane Jenkins

6. Mother's Maiden Name,

" " Ford

7. Mother's Birthplace,

Balt. Md.

8. Full Name of Father,

Corneilus Jenkins

9. Father's Occupation,

Labor.

10. Father's Birthplace,

Balt. Md.

Name of Medical Attendant, or other Person who makes this Return.

Annie Green

Address,

No. 634, Light St.

Remarks,

For an affidavit upon the birth of a child, the mother or other person who makes this return, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (\$10) dollars for each offence to be recovered at other times and forfeitures are recoverable.

report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH ⁸⁹⁴²²

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

14

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

3. Date of Birth,

Oct 17 1886
413 MORE MD.

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

Anna Fick

6. Mother's Maiden Name,

Mick

7. Mother's Birthplace,

America

8. Full Name of Father,

John Fick

9. Father's Occupation,

Harness-maker

10. Father's Birthplace,

America

Name of Medical Attendant, or other Person who makes this Return.

J. Schreiner M.D.
330 Avenue

Address,

Remarks,

report the birth to the Commissioner of Health in the manner and within the period above required, and any such person or persons who fail to do so, or who furnish false information, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other laws and forfeitures are recoverable.

RETURN OF A BIRTH 89423

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th
1. Sex, (state whether male or female), Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Oct 21st 1886
4. Place of Birth, (Street and Number) 139 N. Paul St.
5. Full Name of Mother, Carrie Euell
6. Mother's Maiden Name, " Mrs. Early
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Jas. Euell
9. Father's Occupation, Restaurant & Kegs
10. Father's Birthplace, Ireland
- Name of Medical Attendant, or other Person who makes this Return, Theodore Cooper M.D.
- Address, 414 Hancock St. Room 15
- Remarks,

RETURN OF A BIRTH ⁸⁹⁴²⁴

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) whether (Mädchen)

2. Race or Color, (if not of the white race) white

3. Date of Birth, October 17th

4. Place of Birth, (Street and Number) Balt. 112 Leadenhall St.

5. Full Name of Mother, Kati Grebe

6. Mother's Maiden Name, Willershausen

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Henry Grebe

9. Father's Occupation, Foreman

10. Father's Birthplace, Germany

Name of Medical Attendant, or other Person who makes this Return Dr. O. W. Funge

Address, old ch 426 New York 711 Cross St.

Remarks, _____

report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this act, shall be subject to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 89435

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Seventh Child*

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *Seventeenth of October*

4. Place of Birth, (Street and Number) *No 218 Harrison st*

5. Full Name of Mother, *Fanny Komito*

6. Mother's Maiden Name, *Fanny Komito*

7. Mother's Birthplace, *Austria Poland*

8. Full Name of Father, *Jacob Komito*

9. Father's Occupation, *Tailor*

10. Father's Birthplace, *Austria Poland*

Name of Medical Attendant, or other Person who makes this return, *Wm. Wm. B. Gubauer*

Address, *alt B28. Union St. Baltimore*

Remarks, *M.B.*

report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall thereafter fail to comply with the provisions of this section, shall be subjected in the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

89426

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2d

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

3. Date of Birth,

Oct 17th 1886

4. Place of Birth, (Street and Number)

303 Castle St

5. Full Name of Mother,

Anna Weininger

6. Mother's Maiden Name,

" Stern

7. Mother's Birthplace,

City

8. Full Name of Father,

Adam Weininger

9. Father's Occupation,

Master

10. Father's Birthplace,

City

Name of Medical Attendant, or other Person who makes this Return

Mrs Elizabeth Betz

Address,

120 Bank St.

Remarks,

report as birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

Be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as provided in other laws and ordinances.

RETURN OF A BIRTH. 89437

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2d

1. Sex, (state whether male or female) Baby

2. Race or Color, (if not of the white race) White

3. Date of Birth 12th October 1886

4. Place of Birth, (Street and Number) Elizabeths Elm No 13

5. Full Name of Mother, Lise Strothman

6. Mother's Maiden Name, Fanniel

7. Mother's Birthplace, Germany

8. Full Name of Father, Heinrich Strothman

9. Father's Occupation, Workman

10. Father's Birthplace, Germany

Name of Medical Attendant, or other Person who
makes this Return.

Address, Elizabeths Elm No 13 Caroline Street

Remarks,



RETURN OF A BIRTH 19428

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, Oct 17th 1886

4. Place of Birth, (Street and Number) 22 S. Liberty St.

5. Full Name of Mother, Lena Breves

6. Mother's Maiden Name, Wald

7. Mother's Birthplace, Germany

8. Full Name of Father, Fred. Breves

9. Father's Occupation, Restaurant Keeper

10. Father's Birthplace, Germany

Name of Medical Attendant, or other Person who makes this Return, Jm Gombel M.D.

Address, 1705 S. Sharp St.

Remarks,

See in attendance upon the mother, immediately thereafter if shall receive the entry of the person of birth in such cases as report his birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

89429

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8-
1. Sex, (state whether male or female) Female -
2. Race or Color, (if not of the white race) Colored -
3. Date of Birth, Oct 17. 1886
4. Place of Birth, (Street and Number) Hornshead St -
5. Full Name of Mother, Anne Jordan -
6. Mother's Maiden Name, Anne Brown -
7. Mother's Birthplace, Lebold point -
8. Full Name of Father, Leif H. Jordan -
9. Father's Occupation, Sailor -
10. Mother's Birthplace, Baltimore M.D.

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks.

RETURN OF A BIRTH 89430.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th Child

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, September the 17, 1886
4. Place of Birth, (Street and Number) N. Durham St. No 130 new
5. Full Name of Mother, Maroline Hilbert
6. Mother's Maiden Name, Maroline Bechtold
7. Mother's Birthplace, Reinrod, Gr. Hessen, Germany
8. Full Name of Father, Friedrich W. Hilbert
9. Father's Occupation, Laborer
10. Father's Birthplace, Balt City

Name of Medical Attendant, or other Person who makes this Return. Mary E. Miller

Address, N. Dallas St. No 26 alt 114 new

Remarks,

report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 89431

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

First (1st)

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

October 17, 1886

4. Place of Birth, (Street and Number)

No. 547 East Monument Street

5. Full Name of Mother,

Mrs. Annie Margant Hochman

6. Mother's Maiden Name,

Miss Annie M. Pohlmann

7. Mother's Birthplace,

Baltimore Md.

8. Full Name of Father,

Mr. George A. Hohman

9. Father's Occupation,

Butcher

10. Father's Birthplace,

Baltimore Md

Name of Medical Attendant, or other Person who makes this Return.

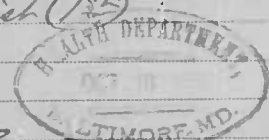
Wm H. Glendinen M.D.

Address,

2012 1/2 Broadway

New York

Remarks,



be in attendance upon the mother, immediately thereafter, and shall receive the duty of the person so present, and any such person report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH ⁸⁹⁴³²

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9th

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, Oct 18/86

4. Place of Birth, (Street and Number) 624 Scott St, Baltimore

5. Full Name of Mother, Laura McKee

6. Mother's Maiden Name, W. Davis

7. Mother's Birthplace, City

8. Full Name of Father, Lewis, McKee

9. Father's Occupation, Fireman

10. Father's Birthplace, Penn

Name of Medical Attendant, or other Person who makes this Return. Dr. O. Blake

Address, _____

Remarks, _____



be in attendance upon the mother, immediately after the birth of the child, and report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 89433

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 12.

1. Sex (state whether male or female),

2. Race or Color (if not of the white race),

3. Date of Birth,

4. Place of Birth (Street and Number),

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return.

Address, 185 S. E. cor Central av. & Monument St

Remarks, All Well



Male

Colored

October

No. 19 Mc Carlin St.

A. Thomas

A. Gibson

Eastern Shore

Geo. Thomas

Laborer

Baltimore

M. A. Butt

not lost, immediately thereafter it shall become the duty of the person or persons of such child to report the birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 894311

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

4th child

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Oct. 18/86

4. Place of Birth, (Street and Number)

337 E. Pratt St.

5. Full Name of Mother,

Emma Heddingen

6. Mother's Maiden Name,

" Booz

7. Mother's Birthplace,

Balto. City

8. Full Name of Father,

Samuel Heddingen

9. Father's Occupation,

Bookbinder

10. Father's Birthplace,

Balto. City

Name of Medical Attendant, or other Person who makes this Return.

Rev. Mansfield M. D.

Address,

508 Broadway

Remarks,

report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or person who shall thereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered in other fines and forfeitures are recoverable.

894-35

and in attendance upon the master, immediately thereafter it shall become the property of the person or persons to whom such person reports it (here to the Commissioner of Health), to the manner and within the period above required, and not such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

24

Make

white

Oct. 18/86

176 N. Arlington Ave

Jenni M. Muller

18. Bartholow.

Baltimore

Ross H. Muller

Book Keeper

Baltimore

Thomas O'Brien

179 N. Howard St.

* A Co. City Builders and Stationers.

RETURN OF A BIRTH

87 11.36

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

4

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

Colored

3. Date of Birth,

October 18, 1886

4. Place of Birth, (Street and Number)

No. 6. Broadway Court

5. Full Name of Mother,

Lizzie Jane Young

6. Mother's Maiden Name,

Lizzie Jane Jackson

7. Mother's Birthplace,

Eastern Shore of Md.

8. Full Name of Father,

Charles Henry Young

9. Father's Occupation,

Labor

10. Father's Birthplace,

Sumner Co. Md.

Name of Medical Attendant, or other Person who makes this Return.

Isaac Morgan

Address,

No. 1, Durham St.

Remarks,

Report the birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH, 89437

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d

1. Sex (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth

Monday, Oct 18th 1886.

4. Place of Birth, (Street and Number)

No 12 Genesey Alley

5. Full Name of Mother

Mary Henrique

6. Mother's Maiden Name

Mary Arnold

7. Mother's Birthplace

Baltimore Md.

8. Full Name of Father

Frank B. Henrique

9. Father's Occupation

Missionary

10. Father's Birthplace

Dorchester Mass.

Name of Medical Attendant, or other Person who makes this Return.

Catharine Zell

Address

No 37 Beutaloe St

Remarks

name of the mother of such child or children



RETURN OF A BIRTH 89138

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2
Male

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

Oct 18 1886

4. Place of Birth, (Street and Number)

305 1/2 St. ...
Richmond, Md.

5. Full Name of Mother,

Wm. ...

6. Mother's Maiden Name,

7. Mother's Birthplace,

America

8. Full Name of Father,

John ...

9. Father's Occupation,

Lab. ...

10. Father's Birthplace,

America

Name of Medical Attendant, or other Person who makes this Return.

J. L. ...

Address,

330 ...

Remarks,

be in attendance upon the mother, immediately thereafter it shall become the duty of the person of service of such child to report the birth to the Registrar of Vital Statistics, in the manner and within the period above required, and any such person or persons who fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

891139

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *10th*
1. Sex, (state whether male or female) *Male*
2. Race or Color, (if not of the white race) *Colored*
3. Date of Birth, *October 18th 1886*
4. Place of Birth, (Street and Number) *Baltimore, No 401 East 1st*
5. Full Name of Mother, *Mahala Diggs*
6. Mother's Maiden Name, *Mahala Buggs*
7. Mother's Birthplace, *Anne Arundel County*
8. Full Name of Father, *Charles Diggs*
9. Father's Occupation, *laborer*
10. Father's Birthplace, *Anne Arundel County*
- Name of Medical Attendant, or other Person who makes this Return, *Sarah Rollins*

Address,

Remarks,

Birth of any child shall occur without the attendance of a physician or practitioner of medicine, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child, to report its birth in the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

Birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the parent or parents of such child, to report his birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

891140

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Eleanor Janney
No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st
1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) _____
3. Date of Birth, Oct. 18, 1886
4. Place of Birth, (Street and Number) 832 N. Eutaw St.
5. Full Name of Mother, Anne W. Janney
6. Mother's Maiden Name, Anne B. Webb
7. Mother's Birthplace, Philadelphia, Pa.
8. Full Name of Father, O. Edgar Janney
9. Father's Occupation, Physician
10. Father's Birthplace, Washington, D. C.
Name of Medical Attendant, or other Person who makes this Return, O. Edgar Janney, M.D.
Address, 832 N. Eutaw St.
Remarks, _____

RETURN OF A BIRTH 89441

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, Oct 18th

4. Place of Birth, (Street and Number) 105 Ramoth St

5. Full Name of Mother, Nettie Munzert

6. Mother's Maiden Name, Nettie Miller

7. Mother's Birthplace, Germany

8. Full Name of Father, George Munzert

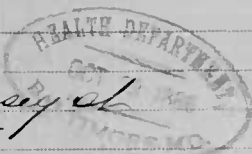
9. Father's Occupation, Groceryman

10. Father's Birthplace, Germany

Name of Medical Attendant, or other Person who makes this Return, Mrs. Oliver

Address, 24 Columbia Ave

Remarks,



be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with this provision shall be liable to a fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH ⁸⁹⁴⁴²

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) Colored

3. Date of Birth, Oct 18

4. Place of Birth, (Street and Number) Colton Street No. 4

5. Full Name of Mother, Susie Peter

6. Mother's Maiden Name, Susie West

7. Mother's Birthplace, Easton Shore 'ria

8. Full Name of Father, Emmett Peters

9. Father's Occupation, Laborer

10. Father's Birthplace, Essex County

Name of Medical Attendant, or other Person who makes this Return, Margaret L. Gossard

Address, 514 Colton Street

Remarks,

Birth of any child shall occur without the attendance of a physician or registered nurse, or should in other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH ⁸⁹¹⁴⁴³

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6 Birth

1. Sex, (state whether male or female) male

2. Race or Color, (if not of the white race) white

3. Date of Birth, 15 Oct. 1886

4. Place of Birth, (Street and Number) Center St

5. Full Name of Mother, Margi Binn

6. Mother's Maiden Name, van Stierich

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Tham Binn

9. Father's Occupation, _____

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return, Mrs. Maurer

Address, _____

Remarks, Center Market Place No 15



Be in attendance upon the mother, immediately thereafter, it shall become the duty of the person or persons of such child, to report its birth to the Registrar of Vital Statistics, in the manner and within the period above required, and any such person or persons who shall neglect or refuse to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

894411

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,

67 DEPARTMENT
Male
White
Octo 18-1886

86 Sargeant St.
Cynthia E. Cartwright
Hickware
N.Y.

Harry C. Cartwright
Grocer
England
R. C. Lee
Hannover St

Birth of any child shall be reported to the Registrar of Vital Statistics, Board of Health, Baltimore City, by the mother, immediately thereafter it shall become the duty of the person or persons of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered in any other line and forfeitures are recoverable.

RETURN OF A BIRTH 89445

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,

7th
male
white
18 Oct. 1886
107 Sarah St
Lisette Danon
Lisette Weigle
Bavaria (Germany)
Rudolph Danon
Grocer & Salvor
Neubach Prussia (Germany)
Dr. Helmann

RETURN OF A BIRTH ⁸⁹⁴¹⁴⁶

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) white

3. Date of Birth, Oct. 18

4. Place of Birth, (Street and Number) 444 Grove st.

5. Full Name of Mother, Anna Braun

6. Mother's Maiden Name, " Kranzke

7. Mother's Birthplace, Balto.

8. Full Name of Father, Martin Braun

9. Father's Occupation, Blacksmith

10. Father's Birthplace, Germany

Name of Medical Attendant, or other Person who makes this Return, C. L. Borden

Address, 166 S. Paca st.

Remarks,

Birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child, to report the birth of such child to the Office of Registrar of Vital Statistics, Board of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to do so, shall be subject to a fine of ten dollars for each offense to be recovered as other fines and forfeitures are recoverable.



RETURN OF A BIRTH. 89417

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1.

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Colored
3. Date of Birth Oct 18. Bone 1 Christ Church
4. Place of Birth, (Street and Number) Baltimore
5. Full Name of Mother, May Mathie
6. Mother's Maiden Name, Mary Ellen
7. Mother's Birthplace, Indic Co. Md
8. Full Name of Father, Samuel Ellen
9. Father's Occupation, Cysters Steamer
10. Father's Birthplace, No 239. Lorrer St. Baltimore Md
- Name of Medical Attendant, or other Person who makes this Return, James Sims
- Address, No 69 Russell St.
- Remarks,



Birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

89448

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

18th Oct 1886

191

4. Place of Birth, (Street and Number)

11

5. Full Name of Mother,

Charles

Caroline

6. Mother's Maiden Name,

11

Theresa

7. Mother's Birthplace,

Ind

8. Full Name of Father,

George C. C. C.

9. Father's Occupation,

Engineer on Steamboat

10. Father's Birthplace,

Ind

Name of Medical Attendant, or other Person who makes this return.

Address,

C. B. Chamberlain

Remarks,

159 Cathedral



be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child to register his birth in the Commission of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to a fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH ⁸⁹⁴⁴⁹

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, 18 Oct 1886

4. Place of Birth, (Street and Number) 4011 N. East St. BALTIMORE MD.

5. Full Name of Mother, Margarett Otto

6. Mother's Maiden Name, Margarett Otto

7. Mother's Birthplace, Baltimore Md

8. Full Name of Father, William Schultz

9. Father's Occupation, Captain

10. Father's Birthplace, Belfast Ireland

Name of Medical Attendant, or other Person who makes this Return, Wm. H. H. H.

Address, 6911 Washington St

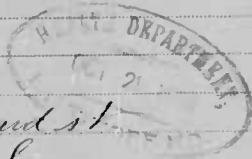
Remarks,

Birth of any child shall occur without the attendance of a physician or practitioner of medicine or surgery or should so other person be in attendance upon the mother, or the child, it shall be the duty of the person or persons of such child to file in attendance upon the mother, or the child, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of two (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

824450

[illegible]

Remarks,



RETURN OF A BIRTH.

89451

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth # 11. St. Regis St. Oct 18 1894

4. Place of Birth, (Street and Number) Oct 18 1894

5. Full Name of Mother Mrs Mary Nicolae

6. Mother's Maiden Name Schultz

7. Mother's Birthplace Baltimore

8. Full Name of Father Martin Nicolae

9. Father's Occupation Cook

10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return Mrs. G. J. Ke

Address # 65 S. Bond St

Remarks



to be in attendance upon the mother, immediately thereafter, it shall become the duty of the person or persons of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall fail to comply with the provisions of this section, shall be subject to the fine of ten (\$10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

pg 1152

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female).

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. *Place of Birth, (Street and Number)*

5. Full Name of Mother

6. *Mother's Maiden Name.*

7. *Mother's Birthplace.*

8. Full Name of Father,

9. *Father's Occupation,*

10. *Father's Birthplace,*

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,

the death of any child shall occur without the attendance of a physician or practitioner of medicine, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the parent or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period hereinafter required, and any such person or persons who shall heretofore fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to which he or she is so liable, and shall be liable to the same for each subsequent offense.

RETURN OF A BIRTH

89153

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *First*

1. Sex, (state whether male or female)...

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Oct. 18, '86

4. Place of Birth, (Street and Number)

1720 N. Chase St.

5. Full Name of Mother,

Aunie Field Craighill

6. Mother's Maiden Name,

" " Berry

7. Mother's Birthplace,

Va.

8. Full Name of Father,

James M. Craighill

9. Father's Occupation,

Physician

Father's Birthplace,

S. C.

Name of Medical Attendant, or other Person who makes this Return

Dr. Patton Bruce

Address,

1815 N. Chase St.

Remarks,

RETURN OF A BIRTH

89454

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3 Child

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Oct 18 1886

4. Place of Birth, (Street and Number)

102 Patterson

5. Full Name of Mother,

State Sherhardt

6. Mother's Maiden Name,

Stichline

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Charles Sherhardt

9. Father's Occupation,

Car Maker

10. Father's Birthplace,

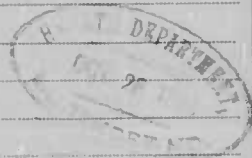
Washington Road

Name of Medical Attendant, or other Person who makes this Return.

Mrs Wiley

Address, No 611 Patterson Park

Remarks,



birth of any child shall occur, without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person so present to report the birth of the child to the Registrar of Vital Statistics, and any person who fails to do so shall be liable to a fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 89456

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4
1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, October 19, 1886.
4. Place of Birth, (Street and Number) 132. Washington
5. Full Name of Mother, Susan R. Scott
6. Mother's Maiden Name, Susan R. Buckner
7. Mother's Birthplace, London, Canada
8. Full Name of Father, Robert George Scott
9. Father's Occupation, Labor
10. Father's Birthplace, Baltimore
- Name of Medical Attendant, or other Person who makes this Return, Susan Morgan
- Address, 1047 N. Durham St.
- Remarks,

Birth of any child shall occur without the attendance of a physician or practitioner of medicine, or should no other person be present, the birth shall be immediately thereafter, it shall become the duty of the person or persons of such child to report the birth to the Commissioner of Health, in the manner and within the period herein required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

Birth of any child shall occur, without the attendance of a Physician or the illiterates of humanity, or should no other person be in attendance upon the mother, immediately thereafter it shall be the duty of the person attending the birth of such child to report the birth to the Commissioner of Health, and if such person fails to do so, he shall be liable to the fine of ten (10) dollars for each offense to be recovered.

RETURN OF A BIRTH 89456

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *The 6 Child*
1. Sex, (state whether male or female) *Female*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *Thurs Oct 1886*
4. Place of Birth, (Street and Number) *No 543 Portland*
5. Full Name of Mother, *Theresa Deuch*
6. Mother's Maiden Name, *Theresa Fischer*
7. Mother's Birthplace, *Baltimore*
8. Full Name of Father, *John Deuch*
9. Father's Occupation, *Driver*
10. Father's Birthplace, *Germany*
- Name of Medical Attendant, or other Person who makes this Return. *Mr Ch. Lauer*
- Address, *No 113 Harford Ave*
- Remarks, *Wed Nov 1886*

condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH,

89457

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 16th

1. Sex (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth Tuesday Oct 19th 1886

4. Place of Birth, (Street and Number) No. 14 Wilhelm St.

5. Full Name of Mother Elizabeth Gering

6. Mother's Maiden Name Elizabeth Kisserman

7. Mother's Birthplace Germany

8. Full Name of Father Christian Gering

9. Father's Occupation Shoemaker

10. Father's Birthplace Germany

Name of Medical Attendant, or other Person who makes this return. Catherine Doll

Address No. 57 Bonaparte St.

Remarks none

RETURN OF A BIRTH 89458

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 24th

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race)

3. Date of Birth, Oct 19

4. Place of Birth, (Street and Number) 202 Charles St

5. Full Name of Mother, Caroline Stoen

6. Mother's Maiden Name, Anne

7. Mother's Birthplace, America

8. Full Name of Father, Henry Goering

9. Father's Occupation, Tailor

10. Father's Birthplace, America

Name of Medical Attendant, or other Person who makes this Return, J. Schwaner Midwife

Address, 330 Lancaster St

Remarks,

Birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be present, the mother shall, if possible, be attended by a female friend. The doctor or the nurse, or the female friend, shall, if called upon, report the birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall be guilty of neglecting to do so, or of failing to comply with the provisions of this section, shall be subject to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

89459

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

3

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

3. Date of Birth,

October 9/86

4. Place of Birth, (Street and Number)

No 124 Lancaster St.

5. Full Name of Mother,

Marie Werner

6. Mother's Maiden Name,

Miller

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Robert Werner

9. Father's Occupation,

Laborer

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return.

Mrs. Louise Kraft

Address,

No 504 S. Washington

Remarks,

Birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be present, the mother shall report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall be ordered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

GIVEN NAME ADDED 12-31-52

89460

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: August Carl Hildebrandt

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

8

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

3. Date of Birth,

October 19/86

4. Place of Birth, (Street and Number)

No 217 Canton Ave

5. Full Name of Mother,

Mary Hildebrandt

6. Mother's Maiden Name,

Sam

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Simon Hildebrandt

9. Father's Occupation,

Laborer

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return.

Mrs. Louise Kraft

Address,

No 405 S Washington St

Remarks,

certificates between the first and third day of each and every month to the Office of Vital Statistics of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons or such child to report its birth to the Commissioner of Health, in the manner and within the period and before required, and any such person or persons failing to do so shall be liable to a fine of ten (10) dollars for each offense to which it shall be liable.

RETURN OF A BIRTH 89461

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *fourth* Clara Mathilda Vogt

1. Sex, (state whether male or female) *female*

2. Race or Color, (if not of the white race) *white*

3. Date of Birth, *Oct. 19th, 1886*

4. Place of Birth, (Street and Number) *230 Pearl St.*

5. Full Name of Mother, *Anna Vogt*

6. Mother's Maiden Name, *Naegele*

7. Mother's Birthplace, *Baltimore*

8. Full Name of Father, *Louis Charles Vogt*

9. Father's Occupation, *Fruit Dealer*

10. Father's Birthplace, *Baltimore*

Name of Medical Attendant, or other Person who makes this Return. *Mrs. M. Mämmel Midwife*

Address, *No. 10 Pearl St.*

Remarks, *CITY NAME ADDED, 1-30-52*

Birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter the Commissioner of Health, in the manner above required, shall be notified by the mother or persons who shall be present at the birth of the child, and if any person fails to comply with the provisions of this section, shall be liable to a fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 87462

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 17th

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, October 194

4. Place of Birth, (Street and Number) 585 West Pratt Street

5. Full Name of Mother, Annigunda Hoff

6. Mother's Maiden Name, Annigunda Pistel

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Simon Hoff

9. Father's Occupation, boot and shoe fitter

10. Father's Birthplace, Germany

Name of Medical Attendant, or other Person who makes this Return, Mrs. E. Seefack

Address, No 489 W Pratt Street

Remarks,

Birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall neglect or fail to comply with the provisions of this section, shall be subject to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

89463

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th
1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth Octo 19 1886
4. Place of Birth (Street and Number) 119 N. Howard St.
5. Full Name of Mother Clara Tollifer
6. Mother's Maiden Name " Collins
7. Mother's Birthplace Virginia
8. Full Name of Father John Tollifer
9. Father's Occupation Sewing machine Agt.
10. Father's Birthplace Virginia
- Name of Medical Attendant, or other Person who makes this Return J. Singling M.D.
- Address #612 N. E. E. St. B. B. M.
- Remarks



RETURN OF A BIRTH 89464

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, 19 Oct 1896

4. Place of Birth, (Street and Number) 108 Canal St

5. Full Name of Mother, Mary Merriner

6. Mother's Maiden Name, Mary Maxwell

7. Mother's Birthplace, Ireland

8. Full Name of Father, William Merriner

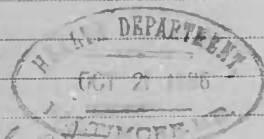
9. Father's Occupation, Laborer

10. Father's Birthplace, Germany

Name of Medical Attendant, or other Person who makes this Return, Mary K. [unclear]

Address, 69 N. Washington St

Remarks,



certificates between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall be the duty of the person or persons so attending, or each person reporting its birth, to file a return of the birth of such child, and when the return is not so filed, the person or persons so attending, or each person so failing to comply with the provisions of this section, shall be deemed to be guilty of a misdemeanor, and shall be liable to a fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

In case the certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the filing of a certificate, the parents or persons who should have filed the same shall be liable to a fine of ten dollars for each offense to be paid to the Office of the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall fail to comply with the provisions of this section, shall be liable to a fine of ten dollars for each offense to be paid to the Office of the Commissioner of Health.

RETURN OF A BIRTH

89465

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,

Female

White

Oct 17 1894

Baltimore Harbor Lane No 7

Catherine F. King

Catherine F. King

Baltimore City

Wm. King

Sign maker

Baltimore City

Susan Hunter

24 N. E. 1st St.

RETURN OF A BIRTH. ⁸⁹⁴⁶⁶

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth_

4. *Place of Birth, (Street and Number).*

5. Full Name of Mother,

C. Mother's Maiden Name,

7. *Mother's Birthplace,*

8. *Full Name of Father,*

9. *Father's Occupation,*

10. *Father's Birthplace,*

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks.

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

89467

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

3rd

1. Sex (state whether Male or Female)

Female

2. Race or Color (if not of the white race)

White

3. Date of Birth

Oct 19. 1886.

4. Place of Birth (Street and Number)

Oliver St near Caroline
(House has no number)

5. Full Name of Mother

Martha J. Doolley

6. Mother's Maiden Name

" " Vallint,

7. Mother's Birthplace

Virginia

8. Full Name of Father

John H. Doolley

9. Father's Occupation

Plumber ✓

10. Father's Birthplace

Virginia

Name of Medical Attendant, or other Person who makes this Return.

Thos J. Ward M.D.

Address

127 old 605 new St Paul St

Remarks

89468

the date and place of birth, and the said schedule shall be delivered by the practitioner to the practitioner in the form of a certificate on that first and third day of each and every month at locations of said practice, or through such other person or persons as may be designated in writing by the practitioner, to the Office of the Commissioner of Health. In case the certificate for any child shall occur without the attendance of a physician or parent of such child, to the effect that such child is in attendance upon the Commissioner of Health, in the manner and within the day of the month as the physician or parent of such child is required, and any such person shall be liable to a fine of ten dollars for each offense to be incurred as otherwise and forfeitures are recoverable.

g. d.

MAJOR GENERAL DEPARTMENT
White
19th 1815

W. L. L.

Oct 19th

(Nov) 24. Montgomery St

Henrietta Benson

Henrietta Jones

Percheron Co. Md.

William Brewster

C. Cooper

New York

Alfred A. C. Hall

(Rev) # 6 Montgomery st.

Remarks:

RETURN OF A BIRTH. 89469

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2nd
1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth Oct. 19, 1886
4. Place of Birth, (Street and Number) Madison + Linden Ave
5. Full Name of Mother, Mary Eick
6. Mother's Maiden Name, Mary Howler
7. Mother's Birthplace, Baltimore City
8. Full Name of Father, Andrew Eick
9. Father's Occupation, Saloon Keeper
10. Father's Birthplace, Baltimore City
- Name of Medical Attendant, or other Person who makes this Return. J. H. Soupp MD
- Address, Charles + Centre Sts
- Remarks, _____

Secured by the Registrar of Vital Statistics, Baltimore City, for the purpose of preventing the use of this certificate for any other purpose than that for which it was issued. The Registrar of Vital Statistics, Baltimore City, is not responsible for the accuracy of the information furnished by the practitioner in the form of a certificate, and the said certificate shall be delivered, duly signed by the practitioner, to the Registrar of Vital Statistics, Baltimore City, for the purpose of preventing the use of this certificate for any other purpose than that for which it was issued. The Registrar of Vital Statistics, Baltimore City, is not responsible for the accuracy of the information furnished by the practitioner in the form of a certificate, and the said certificate shall be delivered, duly signed by the practitioner, to the Registrar of Vital Statistics, Baltimore City, for the purpose of preventing the use of this certificate for any other purpose than that for which it was issued.

37470

[illegible]

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 11 Child

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, Oct 19th 1886

4. Place of Birth, (Street and Number) 1919 Gough

5. Full Name of Mother, Merna Lung

6. Mother's Maiden Name, Mayraro

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Conrad Lang

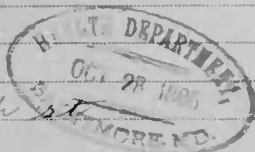
9. Father's Occupation, Laborer

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return. *Chas Wiley*

Address, *40611 Patterson Park, en*

Remarks,



Secured by the State of Maryland, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons who shall be present at the birth to report its birth to the Commissioner of Health, in the manner and within the period required, and any such person or persons who shall neglect or fail to comply with the provisions of this section, shall be liable to the fine of ten (\$10) dollars for each offense to be recovered in other than a suit for forcible entry and detainer.

RETURN OF A BIRTH

89471

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,

611
Fed. 100-1000
October 10, 1891
266 CHA. ST. BALTIMORE, MD.
Maria Boyle
Margaret
James Boyle
Teacher
John Boyle
1330 E. Baltimore St.

1942

the date and place of birth, and the date and place of death, shall have been conferred; the person who has so conferred the same, or his representative, the date and place of birth, and the date and place of death, shall be delivered, duly signed by him, to the Registrar of Births, Deaths and Marriages, at the office of the Commissioner of Health, in the manner and within the period hereinafter provided, immediately upon the occurrence of such event, or, if he fails to do so, shall be liable to a fine of ten (\$10) dollars for each such offense to be recovered as other fines and forfeitures are recoverable.

John G. Child

Final

Handwritten signature

The 20th (1914-1915)

No 14's Eagle

Roll No. 100

Kate Brammer

Baltimore

Therapsas hutchinsoni

Pres.

Baltimore

Wm. C. L. Lusk

No 193 Harford Co

Jul 96

1886

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

13

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,

Male

Colored

1881

Oct 20

221 Hamburg St

Rebecca Reid

R. Johnson

Calvert County Md

Robert Reid

Huckster

Calvert County Md

Argentine

314 D. Howard St

Missing #89474 + #89475

RETURN OF A BIRTH ⁸⁹⁴⁷⁶

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 Sadie

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, Oct 20 1886

4. Place of Birth, (Street and Number) 20 Low St

5. Full Name of Mother, Annie Salomonson

6. Mother's Maiden Name, Annie Rappaport

7. Mother's Birthplace, Russia

8. Full Name of Father, Abraham Salomonson

9. Father's Occupation, Operator

10. Father's Birthplace, Russia

Name of Medical Attendant, E. Scherman or other Person who makes this Return.

Address, Hilmarster St at 103

Remarks, None



certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be present, the mother or the father, or the person who has charge of the child, shall be liable to a fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

89477

[illegible]

-
- A circular ink stamp from the Health Department of Baltimore, Maryland. The text "HEALTH DEPARTMENT" is curved along the top inner edge, and "BALTIMORE MD" is curved along the bottom inner edge. In the center, the date "NOV 8 1886" is stamped horizontally.

RETURN OF A BIRTH ⁸⁹⁴⁷⁸

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1
1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) _____
3. Date of Birth, Oct 20 - 1886
4. Place of Birth, (Street and Number) 13 Hammond Alley
5. Full Name of Mother, Katharina Kern
6. Mother's Maiden Name, Ross
7. Mother's Birthplace, Germany
8. Full Name of Father, Henry Kern
9. Father's Occupation, Laborer
10. Father's Birthplace, Germany
- Name of Medical Attendant, or other Person who makes this Return, Mary Stein
- Address, 1427 E. Pratt
- Remarks, _____

In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the parent or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who also shall be convicted of having failed to comply with the provisions of this section, shall be liable to a fine of ten (10) dollars for each offense to be recovered as other laws and ordinances are recoverable.

of the parents, and the maiden name of the mother of such child or children."

RETURN OF A BIRTH

89479

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) ... 12th
- Sex, (state whether male or female) ...
2. Race or Color, (if not of the white race) ...
3. Date of Birth, ... Oct 20
4. Place of Birth, (Street and Number) ... No 1541 Gilman
5. Full Name of Mother, ... Marie Reidover
6. Mother's Maiden Name, ... E. List
7. Mother's Birthplace, ... Carroll Co. Md
8. Full Name of Father, ... Vincent Reidover
9. Father's Occupation, ... Worker
10. Father's Birthplace, ... Germany
- Name of Medical Attendant, or other Person who makes this Return ... J. C. Pike M. D.
- Address, ... 1405 E. Gilman
- Remarks, ...

In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child to be filed in this office, and the person or persons so failing to comply with the provisions of this section, shall be subject to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH ⁸⁹⁴⁸⁰

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *The 3rd Child*
1. Sex, (state whether male or female) *Male*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *The 20 of October 1886*
4. Place of Birth, (Street and Number) *No 46 Townsend St*
5. Full Name of Mother, *Amie Frick*
6. Mother's Maiden Name, *Amie Gubauer*
7. Mother's Birthplace, *Germany*
8. Full Name of Father, *Adolf Frick*
9. Father's Occupation, *Labor*
10. Father's Birthplace, *Germany*
- Name of Medical Attendant, or other Person who makes this Return. *Mrs. C. H. Sauer*
- Address, *No 173 Maryland Ave*
- Remarks, *Bal Md*

1886

89481

birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child to report its birth to the Commissioner of Health. In the manner and within the period above mentioned, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be committed.

47

Finnish DEPARTMENT
Kaukonen
27/86
JIMORE

Carlson

ACK 2/1/88

103 Nabury St

NAME: Mary Burgess

Mary Burger

ma.

James

James

Handwritten signature

Jane Brumby
Mile

Mile

Wiley & Co., City Printers and Stationers.

RETURN OF A BIRTH

89482

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2nd child*

1. Sex, (state whether male ~~or female~~) *male* Name *George Erck*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *October the 20, 1886*

4. Place of Birth, (Street and Number) *N. Caroline St. No. 10*

5. Full Name of Mother, *Annie C. Erck*

6. Mother's Maiden Name, *Annie C. Walz*

7. Mother's Birthplace, *Balt^o City*

8. Full Name of Father, *Charles Erck*

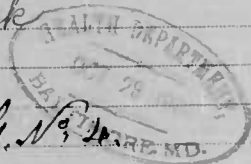
9. Father's Occupation, *Taylor*

10. Father's Birthplace, *Balt^o City*

Name of Medical Attendant, *Mary E. Miller*
or other Person who makes this Return.

Address, *N. Dallas St. No. 26, Bal^o City*

Remarks,



In case the birth of any child shall occur without the attendance of a physician or practitioner of medicine, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall neglect or fail to comply with the provisions of this section shall be liable to a fine of ten (10) dollars for each offense to be recovered as other laws and ordinances are recoverable.

RETURN OF A BIRTH

891183

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race)

3. Date of Birth,

October 20th, 1896

4. Place of Birth, (Street and Number)

113 S. Register

5. Full Name of Mother,

Catherine Gunther

6. Mother's Maiden Name,

" Fritzkus

7. Mother's Birthplace,

City

8. Full Name of Father,

Thomas Gunther

9. Father's Occupation,

Carpenter

10. Father's Birthplace,

City

Name of Medical Attendant, or other Person who makes this Return.

Mrs. Elizabeth B. B.

Address,

120 Bank St.

Remarks,

birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother. Immediately thereafter it shall become the duty of the person or persons of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall thereafter fail to comply with the provisions of this section, shall be deemed to be guilty of a misdemeanor, and for each offense to be fined not more than \$100.

RETURN OF A BIRTH 89484

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st *Saldie Rose Alfelt*

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) German

3. Date of Birth, Oct 20th 1884

4. Place of Birth, (Street and Number) E. Fayette St 11

5. Full Name of Mother, Esther Alfelt

6. Mother's Maiden Name, Lempke

7. Mother's Birthplace, Poland

8. Full Name of Father, Salomon Alfelt

9. Father's Occupation, Sailor

10. Father's Birthplace, Poland

Name of Medical Attendant, or other Person who makes this Return, Wm. H. Miller

Address, 1307 B. Bell St

Remarks, 6WEE NAME ADDED 11-26-51

Birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be present, the mother, immediately thereafter it shall become the duty of the person or persons of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be liable to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

89485

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

6

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

3. Date of Birth,

20 October

4. Place of Birth, (Street and Number)

20 President

5. Full Name of Mother,

Rosie Shapiro

6. Mother's Maiden Name,

Checkhoff

7. Mother's Birthplace,

Italy

8. Full Name of Father,

Lawrence Shapiro

9. Father's Occupation,

Grocery

10. Father's Birthplace,

Italy

Name of Medical Attendant, or other Person who makes this Return.

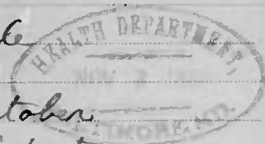
Sarah Casper

Address,

72 C. Lombard

Remarks,

certificates on the first and third day of each and every month at the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of medicine, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall fail to comply with the provisions of this section, shall be liable to a fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.



Birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subject to the fine or ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

89486

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,

white

Oct 20th

3 Myrtle St

Elizabeth Keyser

" Junkner

3 also her

Larry Keyser

Ex Soldier

Germany

A. L. Spencer

387 N. Lombard St

Nov 3 1886



RETURN OF A BIRTH 89487

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, Oct 20th

4. Place of Birth, (Street and Number) Orleans St. 252 30

5. Full Name of Mother, Maggie Prentiss

6. Mother's Maiden Name, Connor

7. Mother's Birthplace, Balt. Md

8. Full Name of Father, Alfred Prentiss

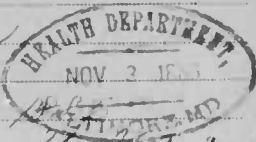
9. Father's Occupation, Laborer

10. Father's Birthplace, Balt. Md

Name of Medical Attendant, or other Person who makes this Return, Mrs R. B. Lee

Address, 1302 B. B. Lee

Remarks,



In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person report the birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall be so negligent as to fail to comply with the provisions of this section, shall be liable to be fined for each offense to be committed, in the sum of ten (10) dollars, or to be imprisoned for each offense to be committed, in the sum of ten (10) days, or to both such fine and imprisonment, at the discretion of the Court.

birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be liable to be fined in the sum of \$100 dollars for each offense to be proved as other fines and forfeitures are recoverable.

RETURN OF A BIRTH ⁸⁹⁴⁸⁸

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth

4. Place of Birth, (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return

Address

Remarks



M. J. [unclear]
Oct 20
139 E. Baltimore
Julie Barock
Bohemian
Peter Barock
Tailor
Bohemian

Josephine [unclear]
30 [unclear]

RETURN OF A BIRTH 89489

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, 26 Oct 1886

4. Place of Birth, (Street and Number) 424 Chaffin St

5. Full Name of Mother, Mary Ann

6. Mother's Maiden Name, Mary Beil

7. Mother's Birthplace, Germany

8. Full Name of Father, William J. Beil

9. Father's Occupation, Tailor

10. Father's Birthplace, Bohemia

Name of Medical Attendant, or other Person who makes this Return, Mary Kopitz

Address, 69 N. Washington St

Remarks,



Birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall thereafter fail to comply with the provisions of this section, shall be liable to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

any person who shall attempt to obtain the attendance of a physician or practitioner of midwifery, or should in other person, in such case, be so advised, and who shall have occasion to employ the services of such person, in such case, shall be liable to a fine of not less than ten dollars, nor more than fifty dollars, in each case, in addition to the costs of prosecution, if convicted. If the person so employed be a physician or practitioner of midwifery, or should in other person, in such case, be so advised, and who shall have occasion to employ the services of such person, in such case, shall be liable to a fine of not less than ten dollars, nor more than fifty dollars, in each case, in addition to the costs of prosecution, if convicted. If the person so employed be a physician or practitioner of midwifery, or should in other person, in such case, be so advised, and who shall have occasion to employ the services of such person, in such case, shall be liable to a fine of not less than ten dollars, nor more than fifty dollars, in each case, in addition to the costs of prosecution, if convicted.

2000 C.

51

1891

20 Feb to 6.00

116 Colmans Court

Maggie Hooker.

Maggi Krieg

Ba. Lin. 22.

Sister Hickmole.

Street, May 1888

Hessen-Darmstadt. Germany.

Miss Mynoch

500 Seadenhall St

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RETURN OF A BIRTH

89491

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.) 6

1. Sex, (state whether male or female)

female.

2. Race or Color, (if not of the white race)

colored.

3. Date of Birth,

Oct. 20

4. Place of Birth, (Street and Number)

5050. Orchard St

5. Full Name of Mother,

Milton. Johnson

6. Mother's Maiden Name,

Murphy. Hall

7. Mother's Birthplace,

Harvard County.

8. Full Name of Father,

John. Johnson

9. Father's Occupation,

hurdler.

10. Father's Birthplace,

Harvard.

Name of Medical Attendant,

or other Person who makes this Return

Sub. Smythes

Address,

5050 Orchard St.

Remarks,

RETURN OF A BIRTH 89493

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

5th

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Oct 20th

4. Place of Birth, (Street and Number)

703 Forest St

5. Full Name of Mother,

Sarah Ellen Murphy

6. Mother's Maiden Name,

" " Whelan

7. Mother's Birthplace,

Baltimore city

8. Full Name of Father,

James Murphy

9. Father's Occupation,

Stable Boss

10. Father's Birthplace,

Ireland

Name of Medical Attendant, or other Person who makes this Return

Mrs. Hooden

Address,

120 Greenmount Av

Remarks,

RETURN OF A BIRTH 894K3

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,

6
Male
White
Wednesday 20th
No. 506 Princeton st
Mary Brent
Mary Parker
Baltimore
Joseph E. Brent
Teamster
Baltimore County
Mrs. Wooden
120 Greenmount av



In the presence of two witnesses, who will subscribe their names at the time of the making of such entry of children.

RETURN OF A BIRTH

89494

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2nd

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

Colored

3. Date of Birth,

20th October

4. Place of Birth, (Street and Number)

34 Ethington

5. Full Name of Mother,

Annie Murray

6. Mother's Maiden Name,

Annie Murray

7. Mother's Birthplace,

Virginia (Madison Co)

8. Full Name of Father,

Adams L. Williams

9. Father's Occupation,

Teacher

10. Father's Birthplace,

Virginia (Clarke Co)

Name of Medical Attendant, or other Person who makes this Return.

Annie Johnson

Address,

94 Tyson St

Remarks,



NOTE: Any child shall be born without the attendance of a physician or prescriber of medicine, or should an other person be present in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be anticipated to the fine of ten (10) dollars for each offense to be recovered as other laws and ordinances are recoverable.

RETURN OF A BIRTH ⁸⁹⁴⁹⁵

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2^d

1. Sex, (state whether male or female) _____

2. Race or Color, (if not of the white race) _____

3. Date of Birth, _____

4. Place of Birth, (Street and Number) _____

5. Full Name of Mother, _____

6. Mother's Maiden Name, _____

7. Mother's Birthplace, _____

8. Full Name of Father, _____

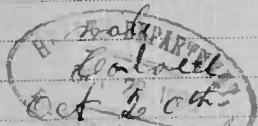
9. Father's Occupation, _____

10. Father's Birthplace, _____

Name of Medical Attendant, or other Person who makes this return _____

Address, _____

Remarks, _____



76 Druid Hill Ave

Mamie Brown

..... Foman

Seafordford County

Cornelius Brown

Laborer

St. Marys County

Anna Johnson

94 Tyne St.

to be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subject to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

89496

Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

of Mother, (state whether 1st, 2d, 3d, &c.).

whether male or female)

male

Color, (if not of the white race)

white

Birth,

20, 18 day of

Birth, (Street and Number)

Baltimore Carrollton ..60. 24,

of Mother,

Julia Biscoe,

Maiden Name,

Julia Miller

Birthplace,

Baltimore

of Father,

George Biscoe

Occupation,

Laborer

Birthplace,

Baltimore

Medical Attendant, or other Person who makes this Return.

James H. H. H.
21 of 1st Regt. Baltimore City



RETURN OF A BIRTH ⁸⁹⁴⁴⁷

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Third Child

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, March 1st 1886

4. Place of Birth, (Street and Number) No. 1808 Broadway

5. Full Name of Mother, Salina Kurke

6. Mother's Maiden Name, Salina Villanueva

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Stephen Kurke

9. Father's Occupation, Saloon

10. Father's Birthplace, Ireland

Name of Medical Attendant, or other Person who makes this return. Dr. C. H. Sauer

Address, No. 173 Maryland Ave.

Remarks, Had Med

1886

be in the presence of the mother, immediately thereafter it shall become the duty of the person or persons of such child to
or persons who shall thereafter fail to comply with the provisions of this act, shall be subjected to the fine of ten (10) dollars
for each offense to be incurred in other fines and forfeitures are recoverable.

RETURN OF A BIRTH. ⁸⁹⁴⁹⁸

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) female

2. Race or Color, (if not of the white race) white

3. Date of Birth October 21

4. Place of Birth, (Street and Number) James Olley No 41

5. Full Name of Mother, Annice Meyers

6. Mother's Maiden Name, Annie Hankel

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Fredrick Meyers

9. Father's Occupation, Boat Maker

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return. W. B. Castky

Address, No 213 Heath St

Remarks, Gaining well

Birth of any child shall occur without the attendance of a Physician or practitioner of medicine, or should no other person be in attendance upon the mother, immediately thereafter it shall be the duty of the person so attending the mother to report its birth to the Commissioner of Health within the time specified in the regulations, and any such person failing to do so shall be liable to a fine of ten dollars for each offence to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

89499

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *3rd*

1. Sex, (state whether male or female) *Female*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *Oct 21st 1886*

4. Place of Birth, (Street and Number) *No 200 Biddle St*

5. Full Name of Mother, *Margaret Norwalk*

6. Mother's Maiden Name, *Warick*

7. Mother's Birthplace, *Balto*

8. Full Name of Father, *Frank Norwalk*

9. Father's Occupation, *Labourer*

10. Father's Birthplace, *Balto*

Name of Medical Attendant, or other Person who makes this Return. *Mrs Julia Groom*

Address, *940 N Gay St*

Remarks,

birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child to report its birth to the Commissioner of Health in the manner and within the time prescribed by the laws of this State, and any person who fails to do so shall be subject to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

Birth of any child shall occur, without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of five (5) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

89500

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Oct 21st 1896

4. Place of Birth, (Street and Number)

Gunpowder near Madison St

5. Full Name of Mother,

Mary J Unglab

6. Mother's Maiden Name,

Kidd

7. Mother's Birthplace,

Balto

8. Full Name of Father,

George Unglab

9. Father's Occupation,

Engineer

10. Father's Birthplace,

Balto

Name of Medical Attendant, or other Person who makes this Return.

Mrs Julia Groomy

Address,

940 N Gay St

Remarks,

RETURN OF A BIRTH

89501

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8th

1. Sex (state whether male or female),

Female

2. Race or Color (if not of the white race),

White

3. Date of Birth,

October 21st. 1886

84 Central av.

4. Place of Birth (Street and Number),

5. Full Name of Mother,

Marie Hill

6. Mother's Maiden Name,

Marie Schroeder

7. Mother's Birthplace,

Germany.

8. Full Name of Father,

Charles Hill

9. Father's Occupation,

Carpenter

10. Father's Birthplace,

Germany.

Name of Medical Attendant, or other person who makes this Return.

W. A. Butt

Address, 185 S. E. cor Central av. & Monument St.

Remarks, All Well

After, immediately thereafter it shall become the duty of the person or persons of such child to register the birth in the Office of Registrar of Vital Statistics, Board of Health, Baltimore City, within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (\$10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

89.502

conciliate between the first and third acts, and the birth of any child shall occur without the attendance of a physician or a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall be the duty of the person or persons of such a child to report its birth to the Commissioner of Health, in the manner and within the period above specified, and any person who shall fail to comply with the provisions of this section, shall be subject to the same penalties to be imposed in (10) § 60 as for each offense to be recorded under any fines and forfeitures are recoverable.

John Child

L. J. Hendricks

2. The line

9-19-1917 (1-1-1918)
MAY 1918

NO 41-7-18

Burling Brown

Barbara Luch

Germany

Lawrence Green

Later

Baltimore

Mrs C. L. Sauer

No 173 Hartford Conn

Barbed

1856

birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person so present to report to the Commissioner of Health, in the manner and to the effect provided in this section, and any such person or persons who shall be found to have failed to comply with the provisions of this section, shall be subject to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 89503

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth Oct. 21, 1886

4. Place of Birth, (Street and Number) 66 Henrietta St.

5. Full Name of Mother, Annie Haller

6. Mother's Maiden Name, Keating

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Michael Haller

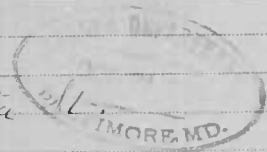
9. Father's Occupation, Laborer

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return.

Address, 15- Montgomery St.

Remarks,



GIVEN NAME ADDED

7-13-79

89504

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: John H. Shaney Jr.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race)

3. Date of Birth, Oct 21 - 1886

4. Place of Birth, (Street and Number) 75 Granby St.

5. Full Name of Mother, Eliza Bell Shaney

6. Mother's Maiden Name, Tracy

7. Mother's Birthplace, Baltimore

8. Full Name of Father, John Henry Shaney

9. Father's Occupation, Laborer

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return, Mary Stein

Address, 1427 E Pratt St.

Remarks,

Birth of any kind shall occur without the attendance of a Physician or practitioner of medicine or shall not be reported to the Registrar of Vital Statistics, Baltimore City, within the period above required, and any such person or persons who shall fail to comply with the provisions of this section, shall be subject to the fine of ten (10) dollars for each offense so committed as other laws and forfeitures are recoverable.

RETURN OF A BIRTH, 89505

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

Arthur Doberer

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Fourth.

1. Sex (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth

Oct. 21st 1886.

4. Place of Birth, (Street and Number)

404 Druid Hill Avenue.

5. Full Name of Mother

Annie K. Doberer

6. Mother's Maiden Name

Dietz

7. Mother's Birthplace

Baltimore, Md.

8. Full Name of Father

Louis F. Doberer

9. Father's Occupation

Tobacconist

Father's Birthplace

Baltimore, Md.

Name of Medical Attendant, or other Person who makes this Return.

Louis W. Knight M.D.

Address

414 N. Greene St.

Remarks

GIVEN NAME INDEXED 3-11-54

L.M.

name of the mother of such child or children.

For an attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

87506

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, 21 Oct 1886

4. Place of Birth, (Street and Number) 640 S. Bethel

5. Full Name of Mother, Mary Bondi

6. Mother's Maiden Name, Mary Bondi

7. Mother's Birthplace, Bohemia

8. Full Name of Father, John Bondi

9. Father's Occupation, Farmer

10. Father's Birthplace, Bohemia

Name of Medical Attendant, or other Person who makes this Return, Wm. K. P. M.

Address, 640 S. Bethel

Remarks,

RETURN OF A BIRTH ⁸⁹⁵⁰⁷

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Second

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

3. Date of Birth,

Oct 21st

4. Place of Birth, (Street and Number)

Baltimore No. 58 Cross St

5. Full Name of Mother,

Annie H. Columbus

6. Mother's Maiden Name,

Annie H. Gowing

7. Mother's Birthplace,

Washington D.C.

8. Full Name of Father,

Lewis Columbus

9. Father's Occupation,

Clerk

10. Father's Birthplace,

Washington D.C.

Name of Medical Attendant, or other Person who makes this Return.

Mrs M. Shaffer

Address,

135 Ridgely St

Remarks,

be in a true and correct manner, immediately thereafter it shall become the duty of the person or persons of such child, to
or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars
for each offence to be recovered as other fines and forfeitures are recoverable.

be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child, or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 89508

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st
1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) Colored
3. Date of Birth Oct 21st 186
4. Place of Birth, (Street and Number) 154 Tyson St
5. Full Name of Mother, Ella Priddy
6. Mother's Maiden Name, Ella Gross
7. Mother's Birthplace, West river
8. Full Name of Father, Samuel Priddy
9. Father's Occupation, carpenter
10. Father's Birthplace, Farmer, Conn
- Name of Medical Attendant, or other Person who makes this Return, Leopoldie Williams
- Address, 104 S Howard St
- Remarks, fine

RETURN OF A BIRTH

895-09

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

5th

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Oct. 21st 1884

4. Place of Birth, (Street and Number)

Red Bank 175 Broadway

5. Full Name of Mother,

Marybeth Neith

6. Mother's Maiden Name,

Schant

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Thomas Neith

9. Father's Occupation,

Seaman

10. Father's Birthplace,

Prussia

Name of Medical Attendant, or other Person who makes this Return.

Mary Neith

Address,

#1018 S. Suburban

Remarks,

report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (\$10) dollars for each offense to be recovered in other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

89510

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth Oct 21st 1886

4. Place of Birth, (Street and Number) 317 Light St.

5. Full Name of Mother, Fannie R. Dixon

6. Mother's Maiden Name, Fannie R. Charon

7. Mother's Birthplace, Westmoreland Co. Pa.

8. Full Name of Father, Edwin Dixon, Jr.

9. Father's Occupation, Clark W.S. Customs House

10. Father's Birthplace, Snow Hill, Worcester Co. Md.

Name of Medical Attendant, or other Person who makes this Return. Mrs. M. A. Corthell

Address, (New No.) 6 Montgomery St.

Remarks, _____

be in attendance upon the mother. Immediately thereafter it shall become the duty of the person or persons of such child to report its birth to the Commissioner of Health, in the manner provided within the period above required, and any such person or persons failing to do so shall be liable to the penalties provided in the sections of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

89511

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *3rd*

1. Sex, (state whether male or female) *Female*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth *October 21st 1886*

4. Place of Birth, (Street and Number) *No 127 Battery Ave*

5. Full Name of Mother, *Mary E. Rush*

6. Mother's Maiden Name, *Mary E. Barnett*

7. Mother's Birthplace, *Baltimore*

8. Full Name of Father, *William Rush*

9. Father's Occupation, *Laborer*

10. Father's Birthplace, *Baltimore*

Name of Medical Attendant, or other Person who makes this Return. *Catharine Horning*

Address, *No 18 Byrd st*

Remarks,



be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child, to report the birth to the Commissioner of Health, in the manner and within the time prescribed by the Board of Health, and such person or persons as fail to do so shall be liable to a fine of ten (10) dollars for each offense to be recovered as other laws and forfeitures are recoverable.

RETURN OF A BIRTH

89512

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



1. ☒ of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st*
2. Sex, (state whether male or female) *female*
3. Race or Color, (if not of the white race) *colored*
4. Date of Birth, *Oct 21 1886*
5. Place of Birth, (Street and Number) *9 Mulberry St*
6. Full Name of Mother, *R E Hickman*
7. Mother's Maiden Name, *R E Mellon*
8. Mother's Birthplace, *Prince Georges Co*
9. Full Name of Father, *John Hickman*
10. Father's Occupation, *labor*
11. Father's Birthplace, *Charles Co*
- Name of Medical Attendant, or other Person who makes this Return *Mrs Charity Jones*
- Address, *79 Grand alley*
- Remarks, *...*

RETURN OF A BIRTH 89513

The Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Child of Mother, (state whether 1st, 2d, 3d, &c.)

(state whether male or female)

or Color, (if not of the white race)

of Birth,

of Birth, (Street and Number)

Name of Mother,

er's Maiden Name,

er's Birthplace,

Name of Father,

er's Occupation,

er's Birthplace,

of Medical Attendant, or other Person who makes this Return.

ks,



October 21

1550 Beach St. Baltimore, Md.

Mrs. Elizabeth Cushman

Miss Elizabeth Cushman

Baltimore, Md.

Louis C. Cushman

Coach Maker

Baltimore, Md.

Surgeon General

21 W. Bay View St.

RETURN OF A BIRTH, 89514

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1
1. Sex (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth 21 of Oct
4. Place of Birth, (Street and Number) Baltimore 128 Fort Ave
5. Full Name of Mother Dollie Kirby
6. Mother's Maiden Name Dollie Phillips
7. Mother's Birthplace Baltimore
8. Full Name of Father Joe Kirby
9. Father's Occupation Laborer
10. Father's Birthplace Baltimore
- Name of Medical Attendant, or other Person who makes this Return. Elizabeth Donaldson
- Address 79 Bayd Street
- Remarks Mother and child doing well.

RETURN OF A BIRTH 89515

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) female

2. Race or Color, (if not of the white race) White

3. Date of Birth, 22nd October

4. Place of Birth, (Street and Number) Baltimore, Hamburg St. No. 603

5. Full Name of Mother, Mrs. Lou A. Tormollan

6. Mother's Maiden Name, Mrs. Lou A. Egan

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Mr. John C. Tormollan

9. Father's Occupation, Cabinet Maker

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mrs. Bange

Address, 426 Cross St. Cl. No. 711

Remarks, _____



Report is given to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 89516

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race)

3. Date of Birth *October 22nd 1888*

4. Place of Birth, (Street and Number) *92 Greenmount Av. E.M.D.*

5. Full Name of Mother, *Annie O'Brien*

6. Mother's Maiden Name, *" Clark*

7. Mother's Birthplace, *Baltimore*

8. Full Name of Father, *John O'Brien*

9. Father's Occupation, *Brass Finisher*

10. Father's Birthplace, *Baltimore*

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,

to the attendance upon the mother, immediately thereafter, Registrar, Residual, becomes the duty of the person or persons of such child, to report the birth to the Registrar, within the period above required, and any such person failing to do so, shall be liable to a fine of ten dollars, and shall be liable to a fine of ten dollars for each offence to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 89517

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, Oct 22nd 1906

4. Place of Birth, (Street and Number) 3711 Hancock St

5. Full Name of Mother, Maggie O. Taylor

6. Mother's Maiden Name, " " Franklin

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Philip Taylor

9. Father's Occupation, Bricklayer

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return, Eugene C. Taylor

Address, 1111 Hancock St. E. 5

Remarks,

Be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other laws and ordinances are recoverable.

RETURN OF A BIRTH 89518

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) Colored Race

3. Date of Birth, Oct. 22nd of 1886

4. Place of Birth, (Street and Number) 73 Little Maryland St

5. Full Name of Mother, Maiden name Martha Thompson

6. Mother's Maiden Name, Martha Peck

7. Mother's Birthplace, Baltimore City

8. Full Name of Father, Isaac Peck

9. Father's Occupation, Porter on the B & O

10. Father's Birthplace, Baltimore City

Name of Medical Attendant, Mary Walker or other Person who makes this Return.

Address, 135 N. Caroline St

Remarks, Baltimore City

Be in attendance upon the mother, immediately thereafter it shall become the duty of the person, in the manner and within the period above required, to report the birth of such child to the Registrar of Vital Statistics, Baltimore City, and to comply with the provisions of this section, shall be subjected to the fine of \$10 (10) Dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH ^{89.519}

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1.

1. Sex, (state whether male or female) Female.

2. Race or Color, (if not of the white race) White.

3. Date of Birth, 22^d of October.

4. Place of Birth, (Street and Number) No. 1 Cambridge St.

5. Full Name of Mother, Bertha Krausk.

6. Mother's Maiden Name, Bertha Chaiser.

7. Mother's Birthplace, Baltimore.

8. Full Name of Father, Frederick Krausk.

9. Father's Occupation, Card Maker.

10. Father's Birthplace, Baltimore.

Name of Medical Attendant, or other Person who makes this Return, Mr. E. Fray.

Address, 515 S. E. Chester St.

Remarks, Healthy Child.

Be it remembered, that upon the mother, immediately thereafter it shall become the duty of the person or persons of such child to
or persons who shall hereafter fail to comply with the provisions of this Act, shall be subject to the fine of ten (10) dollars
for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

8/52/11

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

Male child

2. Race or Color, (if not of the white race)

Colored

3. Date of Birth,

October 22 1886

4. Place of Birth, (Street and Number)

Bruce St No 222

5. Full Name of Mother,

Hine Smith

6. Mother's Maiden Name,

Leiss

7. Mother's Birthplace,

Baltimore Co

8. Full Name of Father,

George Smith

9. Father's Occupation,

Bricklayer

10. Father's Birthplace,

Baltimore Co

Name of Medical Attendant,

or other Person who makes this Return.

Leisa Giverson

Address,

109 Bruce St

Remarks,



RETURN OF A BIRTH ^{89.521}

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2nd

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

3. Date of Birth,

22nd Oct. 1886

4. Place of Birth, (Street and Number)

1923 Legh St

5. Full Name of Mother,

Clara Burns

6. Mother's Maiden Name,

" Isaacson

7. Mother's Birthplace,

Balt.

8. Full Name of Father,

William Burns

9. Father's Occupation,

Merchant

10. Father's Birthplace,

Balt.

Name of Medical Attendant, or other Person who makes this Return.

J. W. Webster M.D.

Address,

106 B'nard St

Remarks,

Birth of any child shall occur without the attendance of a physician or other person who shall be in attendance upon the mother immediately thereafter it shall become the duty of the person or persons who shall report its birth to the Registrar of Vital Statistics, Board of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subject to the fine of ten (10) dollars for each offence to be recovered as above fines and forfeitures are recoverable.

RETURN OF A BIRTH. 89522

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

female

2. Race or Color, (if not of the white race)

white

3. Date of Birth

October 22, 1880

4. Place of Birth, (Street and Number)

422 Queenhill Street

5. Full Name of Mother,

Amelia Kuncowski

6. Mother's Maiden Name,

A. Schaefer

7. Mother's Birthplace,

Baltimore City

8. Full Name of Father,

Max Kuncowski

9. Father's Occupation,

merchant tailor

10. Father's Birthplace,

Germany

Name of Medical Attendant, or other Person who makes this Return.

Maria E. Thawelton M.D.

Address,

256 Mulberry Street

Remarks,



be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child, to report its birth to the Commissioners of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each infraction to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

895'23

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) male

2. Race or Color, (if not of the white race) White

3. Date of Birth Oct 22nd

4. Place of Birth, (Street and Number) 24 Montrose

5. Full Name of Mother, Mrs. Maggie Smith

6. Mother's Maiden Name, Keefe

7. Mother's Birthplace, City

8. Full Name of Father, John C. Smith

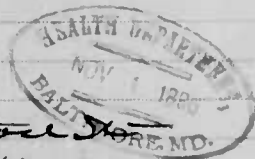
9. Father's Occupation, Butcher

10. Father's Birthplace, Germany

Name of Medical Attendant, or other Person who makes this Return. H. Hill M.D.

Address, 1001 Edmondson Ave

Remarks,



be in attendance upon the mother, immediately thereafter. It shall be the duty of the person or persons so required to attend and any such person who neglects to do so shall be subject to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

For each offense to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th Child

- Name of Medical Attendant, or other Person who makes this Return. *Crescentia Kunkel.*
Address, *11 North Chapel street per Justina Kunkel*
Remarks, *Healthy.*

RETURN OF A BIRTH

1952

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1 Born len & Clock

1. Sex, (state whether male or female) male

2. Race or Color, (if not of the white race) Black

3. Date of Birth, October 22

4. Place of Birth, (Street and Number) Dallas St 4009

5. Full Name of Mother, Emma Clark

6. Mother's Maiden Name, Emma Harris

7. Mother's Birthplace, Beth Baltimore

8. Full Name of Father, Edward Stanley Clark

9. Father's Occupation, Teacher

10. Father's Birthplace, Norfolk Va

Name of Medical Attendant, or other Person who makes this return, Walter Henson granty

Address, _____

Remarks, _____

See instructions to be filled out by mother, immediately thereafter it shall become the duty of the person or persons of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 89526

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

Sex, (state whether male or female) male

2. Race or Color, (if not of the white race) colored

3. Date of Birth, Oct 22^d 1886

4. Place of Birth, (Street and Number) 14 Myrtle Avenue

5. Full Name of Mother, Emma Bent

6. Mother's Maiden Name, Emma Hesse

7. Mother's Birthplace, Belle Mead

8. Full Name of Father, Robert Bent

9. Father's Occupation, Waiter

Father's Birthplace, Belle Mead

Name of Medical Attendant, or other Person who makes this Return, Heater Holness

Address, 39 Government St

Remarks,



For each offense to be recovered as other lines and for returns are recoverable.

RETURN OF A BIRTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)... Mother of 4 boys

1. Sex, (state whether male or female). *it is a Boy*

2. Race or Color, (if not of the white race), Colored Child

3. Date of Birth, Twenty Six Dec 1871

4. Place of Birth, (Street and Number) 1886

5. Full Name of Mother, Leary, Elsie

6. Mother's Maiden Name, Leavey William

7. Mother's Birthplace, *Hedrick Court*

8. Full Name of Father, *Noah Spencer*

9. Father's Occupation, *supervisor* *Schuch*

10. Father's Birthplace, Washington

Name of Medical Attendant, or other Person who makes this Return, *had*

Address, had none

Remarks:

fortnightly between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of medicine, or should a physician or practitioner upon the mother, immediately thereafter it shall become the duty of the person or persons of such child to report its birth to the Commissioner of Health, in the manner and within the period as required, and any such person or persons who shall be negligent to comply with the provisions of this section, shall be subject to the use of ten (10) dollars for each offense to be recovered as other fines and forfeitures of this section, shall be subject to the use of ten (10) dollars.

RETURN OF A BIRTH 89518

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) ~~2~~ 3 Child

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Oct 22nd 1886

4. Place of Birth, (Street and Number)

267 Wolf st

5. Full Name of Mother,

Mary Peacock

6. Mother's Maiden Name,

Davis

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Philip Peacock

9. Father's Occupation,

Cannemaker

10. Father's Birthplace,

Baltimore

Name of Medical Attendant,

or other Person who makes this Return.

Chas Wiley

Address,

40611 Patterson Park

Remarks,

report to birth to the Commissioner of Health, in the manner and within the period above required, and any such person who fails to do so, shall be subject to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH ^{895'29}

Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Mother, (state whether 1st, 2d, 3d, &c.) 2 Children

Whether ☒ Male or female) Male

Race, (if not of the white race) White

Birth, 22 of October

Birth, (Street and Number) Balto. 612 Broadway

of Mother, Emma Rowe

Maiden Name, Emma Southcott

Birthplace, Baltimore

of Father, Frank W. Rowe

Occupation, Carpenter

Birthplace, Balto. County

Medical Attendant, or other Person who makes this Return. Lucian Hinton

21 W. Poppleton St.



RETURN OF A BIRTH

89530

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5d

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, October 24th

4. Place of Birth, (Street and Number) Harriet Light St.

5. Full Name of Mother, Sarah B. Chalmers

6. Mother's Maiden Name, Bachman

7. Mother's Birthplace, Baltimore

8. Full Name of Father, John Engle

9. Father's Occupation, Engineer

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return, Dr. J. C. Green

Address, Harriet Light St.

Remarks, Good baby

Report is made for the Registrar of Health, in the manner and within the period above required, and any such person or persons who fail to do so, shall be subjected to the fine of ten (\$10) dollars for each offense to be recovered as other laws and ordinances are recoverable.

the Commissioner of Health, in the year and within the period above recited, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 89531

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex (state whether male or female),

male

2. Race or Color (if not of the white race),

white

3. Date of Birth,

Oct 23/86

4. Place of Birth (Street and Number),

733 W. Fayette St.

5. Full Name of Mother,

Mrs. Lucie Spence

6. Mother's Maiden Name,

" Spence

7. Mother's Birthplace,

Wilmington Del

8. Full Name of Father,

Wm. Spence

9. Father's Occupation,

Carnage Maker

10. Father's Birthplace,

Centerville Md

Name of Medical Attendant, or other person who makes this Return.

T. Chew W. Worthington M.D.

Address,

#840 W. Fayette St.

Remarks,

the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 89532

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st.*
1. Sex (state whether male or female), *Male*
2. Race or Color (if not of the white race), *White*
3. Date of Birth, *October 23rd. 1886*
4. Place of Birth (Street and Number), *124 E. Fayette St.*
5. Full Name of Mother, *Mary East.*
6. Mother's Maiden Name, *Mary Meier*
7. Mother's Birthplace, *Baltimore.*
8. Full Name of Father, *Wm East.*
9. Father's Occupation, *Machinist*
10. Father's Birthplace, *Baltimore*
- Name of Medical Attendant, or other person who makes this Return, *A. S. Butt.*
- Address, *185 S.E. cor Centre ave. & Monument St.*
- Remarks, *647 All Well.*

the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 19533

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 10 th.

1. Sex (state whether male or female),

Female

2. Race or Color (if not of the white race),

White

3. Date of Birth,

October 23 rd 1886

4. Place of Birth (Street and Number),

101 Hillen St.

5. Full Name of Mother,

Eva Kohman

6. Mother's Maiden Name,

Eva Folk

7. Mother's Birthplace,

Germany.

8. Full Name of Father,

John Kohman

9. Father's Occupation,

Shoemaker

10. Father's Birthplace,

Germany.

Name of Medical Attendant, or other person who makes this Return.

M. A. Butts.

Address, 185. E. cor Central av. & Monument St.

Remarks, All Well



RETURN OF A BIRTH

89534

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *3th*

1. Sex, (state whether male or female) *Female*

2. Race or Color, (if not of the white race) *Colored Race*

3. Date of Birth, *141 Chesnut St*

4. Place of Birth, (Street and Number) *Oct. 23rd of 1881*

5. Full Name of Mother, *Hester Bigler*

6. Mother's Maiden Name, *Jackson*

7. Mother's Birthplace, *Balto City*

8. Full Name of Father, *Daniel Bigler*

9. Father's Occupation, *Waiter*

10. Father's Birthplace, *Balto City*

Name of Medical Attendant, or other Person who makes this Return, *Mary Waller*

Address, *125 N. Caroline St*

Remarks, *Balto*

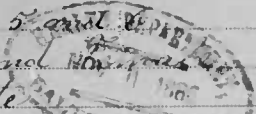
report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall thereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

495-35

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)



1. Sex, (state whether male or female)

Male and Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

October 23rd 1886

4. Place of Birth, (Street and Number)

696 Saratoga Street

5. Full Name of Mother,

Leasa Schmidt St. Elition

6. Mother's Maiden Name,

Leasa Mihne Germane

7. Mother's Birthplace,

Germane

8. Full Name of Father,

Peter Schmidt

9. Father's Occupation,

Baker

10. Father's Birthplace,

Germane

Name of Medical Attendant, or other Person who makes this Return.

Mrs. Dunder

Address,

70 North Delaware St.

Remarks,

Report his birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall thereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

89536

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 10 Child

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, Saturday 23. Oct.

4. Place of Birth, (Street and Number) 360 Cross St.

5. Full Name of Mother, Maggie Simon

6. Mother's Maiden Name, Maggie Ling

7. Mother's Birthplace, Germania

8. Full Name of Father, August Simon

9. Father's Occupation, ~~Tobaccoist~~ Dray Man

10. Father's Birthplace, Germania

Name of Medical Attendant, or other Person who makes this Return, Chas. R. Gange

Address, old. ch. 426. chas. do. 741 Cross st.

Remarks,

Report as birth to the Registrar of Births, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of \$10 (ten) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

89537

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Third (13th)

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Oct. 23rd 186

4. Place of Birth, (Street and Number)

Maternity, 113 + 115 N. Lombard St.

5. Full Name of Mother,

Theresa Becker

6. Mother's Maiden Name,

Do

7. Mother's Birthplace,

Germany

8. Full Name of Father,

Markus Becker

9. Father's Occupation,

" "

10. Father's Birthplace,

" "

Name of Medical Attendant, or other Person who makes this Return.

W. P. Sprattling, M.D.

Address,

113 + 115 N. Lombard St.

Remarks,

Report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

1905.38

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

Leach

3. Date of Birth,

Place 104 Monroe St

4. Place of Birth, (Street and Number)

Oct 28/88

5. Full Name of Mother,

Mary Thomas

6. Mother's Maiden Name,

Mary Thomas

7. Mother's Birthplace,

Pa

8. Full Name of Father,

George Falbot

9. Father's Occupation,

Worker

10. Father's Birthplace,

Bucks and

Name of Medical Attendant, or other Person who makes this Return.

Jane Cox

Address,

104 Monroe St

Remarks,

or persons who shall neglect or fail to comply with the provisions of this section shall be liable to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable

RETURN OF A BIRTH

895.39

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,

2nd child
Little Girl
White race

Born 23rd of October 1886

No. 202 Greene St

Mrs. Gelhardt

Main line

Bayer Germany

Mrs. Gelhardt

Brewer

Bayer Germany

Mrs. Hiller

1017 West Pratt St

Report the birth to the Commissioner of Health, in the manner and within the period above required, and say such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 89540

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

5th Child

1. Sex, (state whether male or female)

Female
DEPARTMENT
White Race
October 1886

2. Race or Color, (if not of the white race)

3. Date of Birth,

Born 23rd of October

4. Place of Birth, (Street and Number)

No 330 Fulton St City

5. Full Name of Mother,

Mrs. Withhey

6. Mother's Maiden Name,

Miss Elsie Luckert

7. Mother's Birthplace,

West Prussian Germany

8. Full Name of Father,

Mr. Withhey

9. Father's Occupation,

Blacksmith

10. Father's Birthplace,

West Prussian Germany

Name of Medical Attendant, or other Person who makes this Return.

Mrs. Hiller

Address,

1017 West Pratt St

Remarks,

Report the birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

89.541

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *6th Child*

1. Sex, (state whether male ~~or female~~)

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *October 4th 1886*

4. Place of Birth, (Street and Number) *Cotton St. No. 126*

5. Full Name of Mother, *Katharine Müller*

6. Mother's Maiden Name, *Katharine Raack*

7. Mother's Birthplace, *Wilmershausen W. Prussia. Germany*

8. Full Name of Father, *Vaspar Müller*

9. Father's Occupation, *Butcher*

10. Father's Birthplace, *Wudensing Gr. Baden. Germany*

Name of Medical Attendant, or other Person who makes this Return, *Mary E. Müller*

Address, *202 Dallas St. N. Ball, Md. near*

Remarks,

1. In the forms to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this act, shall be liable to a fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 80642

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

3

1. Sex, (state whether male or female).

girl

2. Race or Color, (if not of the white race).

white

3. Date of Birth,

23rd of October

4. Place of Birth, (Street and Number)

67 Union St.

5. Full Name of Mother,

Emma, Katherine, Herpel

6. Mother's Maiden Name,

Emma " Schilling

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

August Otto Herpel

9. Father's Occupation,

Doctor

10. Father's Birthplace,

Baltimore

Name of Medical Attendant,

or other Person who makes this Return.

Mrs W. Wäsmel

Address,

No 10 Pearl str

Remarks,

RETURN OF A BIRTH

89.523

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2nd

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Saturday night Oct 23rd 86

4. Place of Birth, (Street and Number)

247 Nighth St

5. Full Name of Mother,

Mary F. Cole

6. Mother's Maiden Name,

Mary Fennigan

7. Mother's Birthplace,

Balt. Md

8. Full Name of Father,

Henry Cole

9. Father's Occupation,

Stone Cutter

10. Father's Birthplace,

Balt. Md

Name of Medical Attendant, or other Person who makes this Return.

Wilmer Brinton M.D.

Address,

Chase St + Thonest Place

Remarks,

or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other dues and forfeitures are recoverable.

RETURN OF A BIRTH 89044

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

11 (9)

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

3. Date of Birth,

Oct 23 / 1886

4. Place of Birth, (Street and Number)

1020 N Ann St

5. Full Name of Mother,

Kate Wehrhahn

6. Mother's Maiden Name,

" Helen Wever

7. Mother's Birthplace,

Balto

8. Full Name of Father,

Edward H. Wehrhahn

9. Father's Occupation,

Clothing Cutter

10. Father's Birthplace,

Germany

Name of Medical Attendant, or other Person who makes this Return.

Mary A. Allwell

Address, 912 E Donagh St

Remarks,

or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

89.245

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,



Male

White

Oct 23rd 1888

Canal St 1017

Mary K. K. K.

" " Weir

Baltimore

George R. K. K.

Porter

Baltimore

Mrs. R. Volney

1302 Holliday

31

RETURN OF A BIRTH ⁸⁹⁵⁴⁶

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

3. Date of Birth,

23 October

4. Place of Birth, (Street and Number)

69 E. 1st

5. Full Name of Mother,

Mary T. Temple

6. Mother's Maiden Name,

Martin

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Albert T. Temple

9. Father's Occupation,

Labourer

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return.

Sarah Casper

Address,

72 E. Lombard

Remarks,



Report as birth to the Registrar of Health, in the manner and within the period above required, and pay such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

89.547

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks



Oct 25 1881

53 Little Church St.

Emilie Strupp

Rieger

America

Jacob Strupp

Storekeeper

America

J. Lohmeyer, M.D.

330 Hanover St.

Persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

89648

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

5⁻²

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Oct 23^d 1886

4. Place of Birth, (Street and Number)

24 Hill St

5. Full Name of Mother,

Elizabeth Harper

6. Mother's Maiden Name,

Elizabeth Denton

7. Mother's Birthplace,

Colbert Co Ind

8. Full Name of Father,

James Harper

9. Father's Occupation,

Laborer

Father's Birthplace,

Colbert Co Ind

Name of Medical Attendant, or other Person who makes this Return.

H. B. Noble, M.D.

Address,

301 N. N. Hanover

Remarks,

City

RETURN OF A BIRTH ⁸⁹⁵⁴⁹

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) male

2. Race or Color, (if not of the white race) white

3. Date of Birth, October 23 1886

4. Place of Birth, (Street and Number) 246 Camden Avenue

5. Full Name of Mother, Annie Steinmetz

6. Mother's Maiden Name, Annie Seichel

7. Mother's Birthplace, Baltimore City

8. Full Name of Father, John Steinmetz

9. Father's Occupation, Super Lumber

10. Father's Birthplace, Baltimore City

Name of Medical Attendant, or other Person who makes this Return. Mary corner 171

Address, Wetherpark Avenue

Remarks,

Report the birth to the Commissioner of Health, in the manner and within the period herein required, and pay each person or persons who shall hereafter fail to comply with the provisions of this act, shall be subjected to the fine of ten (10) dollars and each offense to be recovered as other laws and ordinances are recoverable.

RETURN OF A BIRTH.

89550

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

2nd

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth

Oct 23rd 1886

4. Place of Birth, (Street and Number)

227 George St.

5. Full Name of Mother,

Kate R. Evans

6. Mother's Maiden Name,

Deut

7. Mother's Birthplace,

St Mary Co Md

8. Full Name of Father,

J. Edward Evans

9. Father's Occupation,

House Painter

10. Father's Birthplace,

B.C.

Name of Medical Attendant, or other Person who makes this Return.

J. Harvey Rice M.D.

Address,

807 Arlington Ave

Remarks,

report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with this regulation, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

89551

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

9th

1. Sex, (state whether male or female)

male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

23rd October

4. Place of Birth, (Street and Number)

113 Ridgley st

5. Full Name of Mother,

Sarah Deems

6. Mother's Maiden Name,

Sarah Downey

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Wm Deems

9. Father's Occupation,

Laborer

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return.

Mrs. Briggs

Address,

426 Cross St

Remarks,

RETURN OF A BIRTH

89.552

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether ~~M~~, 2d, 3d, &c.) *Oct 23 1884*
1. Sex, (state whether male or female) *female child*
2. Race or Color, (if not of the white race) *colored child*
3. Date of Birth, *Law Street 541 Oct 23 1884*
4. Place of Birth, (Street and Number) *Law Street 541*
5. Full Name of Mother, *Mary F. Harkes*
6. Mother's Maiden Name, *Mary Francis*
7. Mother's Birthplace, *Baltimore City*
8. Full Name of Father, *Moses Harkes*
9. Father's Occupation, *work in factory*
10. Father's Birthplace, *Baltimore City*
- Name of Medical Attendant, or other Person who makes this Return.
- Address,
- Remarks, *Darke Gamlen*
No 308 Chesnut St

RETURN OF A BIRTH.

84553

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st.

1. Sex (state whether male or female)

Male

2. Race or Color (if not of the white race)

White

3. Date of Birth

Oct. 23rd 1886

4. Place of Birth (Street and Number)

12. N. E. Elden St. City

5. Full Name of Mother

Lillie Barkley

6. Mother's Maiden Name

Do

7. Mother's Birthplace

Harrisburg. Pa.

8. Full Name of Father

Unkown

9. Father's Occupation

Do

10. Father's Birthplace

Do

Name of Medical Attendant, or other Person who makes this Return.

Leticia Plow, Midwife

Address

12. N. E. Elden St.

Remarks

name of the mother of such child or children.

report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other laws and regulations are enforceable.

RETURN OF A BIRTH

89.54

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

577

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Oct 23rd

4. Place of Birth, (Street and Number)

729 N Spring

5. Full Name of Mother,

Emma Cole

6. Mother's Maiden Name,

Emma Hirth

7. Mother's Birthplace,

Bach

8. Full Name of Father,

Chas W Cole

9. Father's Occupation,

Labourer

10. Father's Birthplace,

Bach

Name of Medical Attendant, or other Person who makes this Return.

David L. Moyer M.D.

Address,

725 Conquistador

Remarks,

City

report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall thereafter fail to comply with the provisions of this section, shall be subjected to the fine of \$100 dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,

17556

Sharon G. Smith

Male

The White Race

The 23rd October

No 15 Calhoun Street

Mary Henderson

Mary Bennett

New York

James Henderson

Labor

Baltimore

Mrs G. H. Lewis

No 173 Bayard Street

Bal Md

1886

should be other person for its attendance upon the mother, immediately thereafter, it shall first become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the birth, and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offense, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board, of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Sixth

(old)

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

October 23rd 1886

4. Place of Birth, (Street and Number)

544 E. Essex Street

5. Full Name of Mother,

Mary E. Harrison

6. Mother's Maiden Name,

McKer

7. Mother's Birthplace,

Baltimore Md

8. Full Name of Father,

Albert A. Harrison

9. Father's Occupation,

Electrician

10. Father's Birthplace,

Baltimore Md

Name of Medical Attendant,

or other Person who makes this Return

Dr. James E. Whitford.

135 ANNE ARUNDEL STREET.

BALTIMORE, MD.

Address,

Remarks,

RETURN OF A BIRTH.

89551

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race)

3. Date of Birth

Oct. 23/86

4. Place of Birth (Street and Number)

1909 E. Fayette St.

5. Full Name of Mother

Sophia Bardelman

6. Mother's Maiden Name

Kraus

7. Mother's Birthplace

Germany

8. Full Name of Father

Henry Sutton Bardelman

9. Father's Occupation

Tailor

10. Father's Birthplace

Germany

Name of Medical Attendant, or other Person who makes this Return.

J. H. Coltenberg

Address

1810 E. Baltimore St.

Remarks

of the parents, and the maiden name of the mother of such child or children.

For every child born, the parent or guardian of the person or persons of such child to report the birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who fail to do so, shall be liable to a fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

89558

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

4th

1. Sex (state whether male or female),

Male

2. Race or Color (if not of the white race),

White

3. Date of Birth,

October 24th 02

4. Place of Birth (Street and Number),

282 Bond St

5. Full Name of Mother,

Mary Rebhard

6. Mother's Maiden Name,

" Prewinkel

7. Mother's Birthplace,

Bohemia

8. Full Name of Father,

Conrad Rebhard

9. Father's Occupation,

Cigar maker

10. Father's Birthplace,

Bohemia

Name of Medical Attendant, or other person who makes this Return.

Josephine Conrad

Address,

20 Barnes St

Remarks,

RETURN OF A BIRTH.

89559

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race)

3. Date of Birth

4. Place of Birth (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

Sixth
Female
White
Oct. 24th 1880.
W. John st. 3 doors from Wilson
Louisa Mann
Grimes
Baltimore Md.
George Mann
Stone Currier (Hamilton & Mann)
Scotland
Dr. W. Knight M.D.
414 N. Greene



of the parents, and the maiden name of the mother of such child or children.

Be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

89560

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

One Child

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

Colored

3. Date of Birth,

Oct 24 1886

4. Place of Birth, (Street and Number)

27 East St

5. Full Name of Mother,

Sarah Brown

6. Mother's Maiden Name,

Sarah Barney

7. Mother's Birthplace,

West River

8. Full Name of Father,

Wilson Brown

9. Father's Occupation,

Labor

10. Father's Birthplace,

West River

Name of Medical Attendant, or other Person who makes this Return.

Eucynia Morgan

Address,

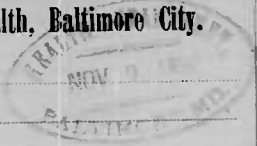
432 Regester St

Remarks,

reject his birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall thereafter fail to comply with the provisions of this section, shall be subjected to the penalty of a (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH ⁸⁹⁵⁶¹

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, Oct 27 1895

4. Place of Birth, (Street and Number) 214 Bridge St.

5. Full Name of Mother, Mary Egan

6. Mother's Maiden Name, Hasting

7. Mother's Birthplace, Goldon Germania

8. Full Name of Father, George Racoon

9. Father's Occupation, Laborn

10. Father's Birthplace, Bismarck Germania

Name of Medical Attendant, Wm. B. B. B. or other Person who makes this Return.

Address, Old, No. 426, No. 426, 711 Cross St.

Remarks,

Report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth

October the 24

4. Place of Birth, (Street and Number)

Charles St 224

5. Full Name of Mother,

Kate Mitchell Nickles

6. Mother's Maiden Name,

Kate Mitchell

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

William Nickles

9. Father's Occupation,

Housewife

10. Father's Birthplace,

Baltimore

Name of Medical Attendant,

or other Person who
makes this Return.

Dr. A. Gasky

Address,

No. 219 Heath St

Remarks,

Doing well

report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this act, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

89563

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

14th

1. Sex, (state whether male or female)

MALE DEPARTMENT

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

October the 24

4. Place of Birth, (Street and Number)

Baltimore Battery at corner

5. Full Name of Mother,

Elizabeth Wagner

6. Mother's Maiden Name,

Falta

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Henry Wagner

9. Father's Occupation,

Cabinet maker

10. Father's Birthplace,

Germany

Name of Medical Attendant, or other Person who makes this Return

Elizabeth Hallinan

Address,

Light St. No. 520

Remarks,

RETURN OF A BIRTH

89564

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd Child

1. Sex, (state whether ~~male or~~ female)

2. Race or Color, (if not of the white race) White

3. Date of Birth, October the 24, 1886

4. Place of Birth, (Street and Number) Hampstead St. No. 79

5. Full Name of Mother, Bertha K. Luerssen

6. Mother's Maiden Name, Bertha K. Nieman

7. Mother's Birthplace, Lange, N. Prussia, Germany

8. Full Name of Father, John Luerssen

9. Father's Occupation, Grocer

10. Father's Birthplace, Kisterkufen, N. Prussia, Germany

Name of Medical Attendant, or other Person who makes this return, Harry E. Miller

Address, N. Talley St. No. 414

Remarks,

report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

895705

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

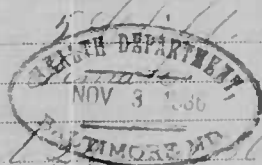
9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,



3404 Charles St.
Louise Kreuter.
Kreuter.
America.
William Kreuter
Store-keeper.
America.

J. Schweser, Midwife
330 Hanover St.

report its birth to the Commissioner of Health, in the manner and within the period there required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) Dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 895766

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Oct 24/86

4. Place of Birth, (Street and Number)

170 Ramsey St

5. Full Name of Mother,

Emma M. Nugent

6. Mother's Maiden Name,

Antigau

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

John M. Nugent

9. Father's Occupation,

Fireman - Fire Alarm Telegraph

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return

Thomas Opie M.D.

Address,

600 Union (79) N. Howard

Remarks,

RETURN OF A BIRTH ⁸⁹⁵⁶⁷

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Thirteenth

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

3. Date of Birth,

Oct 24th

4. Place of Birth, (Street and Number)

Baltimore No 468 West Street

5. Full Name of Mother,

Mary E. Boulbourn Brackett

6. Mother's Maiden Name,

Mary E. Boulbourn

7. Mother's Birthplace,

Annapolis Md.

8. Full Name of Father,

James R. Brackett

9. Father's Occupation,

Engineer

10. Father's Birthplace,

Boston Mass

Name of Medical Attendant, or other Person who makes this Return.

Mrs M. Shaffer

Address,

135 Ridgely St

Remarks.



report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

89868

GIVEN NAME ADDED 10-11-56

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: *Julia Anna Cierman*

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

female

2. Race or Color, (if not of the white race)

3. Date of Birth

Oct 24, 1886

4. Place of Birth, (Street and Number)

366 E. Monument St.

5. Full Name of Mother,

Anna Cierman

6. Mother's Maiden Name,

Schals

7. Mother's Birthplace,

Germany

8. Full Name of Father,

Jacob Cierman

9. Father's Occupation,

Blacksmith

10. Father's Birthplace,

Germany

Name of Medical Attendant, or other Person who makes this Return.

Carden M. M. M.

Address, *115 Walker St. Balt. Md.*

Remarks,

be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons who shall report its birth to the Commissioner of Health, in the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 89569

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

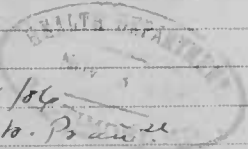
9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,



Oct 24 1896

1042 W. Pratt St.

Mary J. Bare

" " Lisle

Wagonsburg Pa.

Ben. F. Bare

" Student of Dentistry

Wagonsburg Pa

A. L. Stewart
387 N. Lombard St
Baltimore
Md.

RETURN OF A BIRTH. ⁸⁹⁵⁷⁰

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race)

3. Date of Birth

Oct 24, 1886

4. Place of Birth, (Street and Number)

52 Jefferson St.

5. Full Name of Mother,

Katherine Schmuck

6. Mother's Maiden Name,

"

Esther Horn

7. Mother's Birthplace,

Germany

8. Full Name of Father,

John Schmuck

9. Father's Occupation,

Tailor

10. Father's Birthplace,

Germany

Name of Medical Attendant,

or other Person who makes this Return.

Caroline Miller

Address,

5 Walker St. Bulle. Mt.

Remarks,

be in attendance upon the mother, immediately thereafter it shall be the duty of the Registrar to cause to be made a return of the birth to the Office of Registrar of Vital Statistics, Board of Health, Baltimore City, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

89571

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

5-11

1. Sex (state whether Male or Female)

Female

2. Race or Color (if not of the white race)

White

3. Date of Birth

Oct 24 / 86

4. Place of Birth (Street and Number)

118 Laimore St

5. Full Name of Mother

Kay Long Swann

6. Mother's Maiden Name

Long

7. Mother's Birthplace

Manassas

8. Full Name of Father

S. O. Hick Swann

9. Father's Occupation

Civil Engineer

10. Father's Birthplace

Virginia

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

Dr. W. Powell M.D.
128 Madison St

of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH 89572

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) W

3. Date of Birth, October 24th 1886

4. Place of Birth, (Street and Number) No 6 Hillman

5. Full Name of Mother, Catherine F. O'Brien

6. Mother's Maiden Name, Flanagan

7. Mother's Birthplace, Ireland

8. Full Name of Father, Patrick O'Brien

9. Father's Occupation, Stackman

10. Father's Birthplace, Ireland

Name of Medical Attendant, or other Person who makes this Return, C. B. Gamble M.D.

Address, 89 Catherine St.

Remarks,

or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of two (2) dollars for each offense to be recovered as other laws and regulations are recoverable.

report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

89573

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

54

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth. (Sheet 2 Number)

Place

528 Saratoga St

4. Place of Birth, (Street and Number)

Date

October 24 1894 3 a.m.

5. Full Name of Mother,

Kate Cloney

6. Mother's Maiden Name,

Kate Danaher

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

John J. Cloney

9. Father's Occupation,

Salesman

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return.

J. H. Barton M.D.

Address,

Remarks,

543 Lexington St

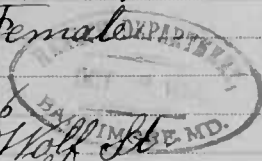
RETURN OF A BIRTH

89574

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

Female


2. Race or Color, (if not of the white race)

3. Date of Birth,

October 24/86

4. Place of Birth, (Street and Number)

N^o 114 S. Wall St

5. Full Name of Mother,

Nora Eger

6. Mother's Maiden Name,

Murphy

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Andrew Eger

9. Father's Occupation,

Laborer

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return.

Mrs. Louise Kraft.

Address,

N^o 405 S. Washington St

Remarks,

report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH ^{87/5/5}

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

Child

Sex, (state whether male or female)

female

Race or Color, (if not of the white race)

white

Date of Birth,

24 Oct.

Place of Birth, (Street and Number)

Baltimore 177 Battery av

Full Name of Mother,

Mathe E. Barnes

Mother's Maiden Name,

Mathe E. Garnger

Mother's Birthplace,

Baltimore Md

Full Name of Father,

John A. Backus

Father's Occupation,

Laborer

Father's Birthplace,

Memphis

Name of Medical Attendant, or other Person who makes this Return

Mrs. A. Conway

Address,

151 Battery prom. city

Remarks,

any of the infant or parents, or such child to report the birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

89576

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2nd*

1. Sex, (state whether male or female) *male*

2. Race or Color, (if not of the white race) *white*

3. Date of Birth, *Oct. 24, 1886*

4. Place of Birth, (Street and Number) *384 Madison St.*

5. Full Name of Mother, *Mary Shaw*

6. Mother's Maiden Name, *Mary Grace*

7. Mother's Birthplace, *Baltic.*

8. Full Name of Father, *William Shaw*

9. Father's Occupation, *Labour*

10. Father's Birthplace, *Baltic.*

Name of Medical Attendant, or other Person who make this Return, *Mary J. Ingham*

Address, *39 Superior St.*

Remarks,

For the purpose of ascertaining the date of birth, the Registrar of Vital Statistics, in the manner and within the period above required, and any such person or persons who shall heretofore fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other laws and ordinances are recoverable.

RETURN OF A BIRTH 89577

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th.

1. Sex (state whether male or female),

2. Race or Color (if not of the white race),

3. Date of Birth,

4. Place of Birth (Street and Number),

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

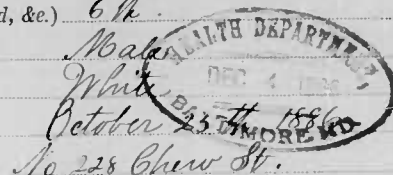
9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return.

Address, 185 S.E. cor Central ave & Monument St.

Remarks, All Well



Male
White
October 23rd 1886
No 228 Chew St.
Mary Hammel
Mary Hook
Baltimore
Jacob Hammel
Harness maker
Baltimore
M. A. Butt

the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (\$10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

89679

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

121

Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

3. Date of Birth,

October 25th 1886

4. Place of Birth, (Street and Number)

112 Sharp St.

5. Full Name of Mother,

Emma Mariner.

6. Mother's Maiden Name,

" Fisher.

7. Mother's Birthplace,

Virginia

8. Full Name of Father,

Saml. J. Mariner.

9. Father's Occupation,

Mariner

Father's Birthplace,

Kent Co. Md.

Name of Medical Attendant, or other Person who makes this Return.

R. J. N. Tall. M.D.

Address,

152 Sharp St.

Remarks,



For each offence to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

89080

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

N ☒ Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,

5th
Female
White

October 25 1886

4 Little Constantin St.

Mary Cronin
Mary Giblin

County Monaghan Ireland

John Cronin
labour

County Cork Ireland

Mrs L. Wooden

936 9120 Greenmount est

RETURN OF A BIRTH ⁸⁹⁵⁸¹

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2nd

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

3. Date of Birth,

25th Oct., 1886.

4. Place of Birth, (Street and Number)

113 Camden St.

5. Full Name of Mother,

Margaret Finch

6. Mother's Maiden Name.

" Ryan

7. Mother's Birthplace,

Scotland

8. Full Name of Father,

William Finch

9. Father's Occupation,

Dairyman

10. Father's Birthplace,

England

Name of Medical Attendant, or other Person who makes this Return.

H. W. Webster, M.D.

Address,

106 Barclay St.

Remarks,

For each child born in Baltimore City, the Registrar of Health, in the manner and within the period above required, and any such person who fails to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

89582

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth Oct 25th

4. Place of Birth, (Street and Number) 4 S. Bay

5. Full Name of Mother, Mrs. Lillian E. Barry

6. Mother's Maiden Name, "Wagner"

7. Mother's Birthplace, Belg

8. Full Name of Father, Etienne C. Barry

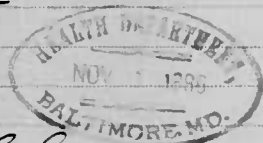
9. Father's Occupation, "Restaurateur"

10. Father's Birthplace, Paris France

Name of Medical Attendant, or other Person who makes this Return. H. Hill and

Address, 1001 Edmondson Ave

Remarks, _____



Report its birth in the Commissioner of Health, in the manner and within the period above required, and any such person who fails to do so, or who furnishes false information, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other laws and ordinances are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,



Report is made to the Registrar of Births, Deaths and Marriages, Baltimore City, for each offense to be recovered as other fines and forfeitures are recoverable.

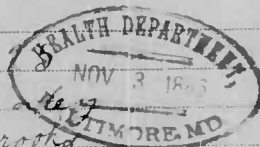
3
 Female
 German
 Nov 25 1886
 E. Fayette St. 171
 Esther Bangert
 E. Bangert
 Poland
 Louis Bangert
 Painter
 Poland
 Mrs R. H. Bangert
 1302 H. St.

RETURN OF A BIRTH

89.584

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2
1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, October
4. Place of Birth, (Street and Number) 89 More Ave
5. Full Name of Mother, Maggie Brooks
6. Mother's Maiden Name, Maggie Brooks
7. Mother's Birthplace, Baltimore County
8. Full Name of Father, William More
9. Father's Occupation, Farmer
10. Father's Birthplace, Baltimore County
- Name of Medical Attendant, or other Person who makes this Return, Mrs Charles Eldabrough
- Address, 89 More Ave
- Remarks,



RETURN OF A BIRTH

89585

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether ~~male~~ or female)

2. Race or Color, (if not of the white race)

3. Date of Birth, 25 Oct

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

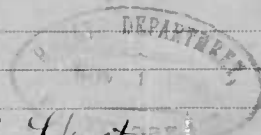
9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,



No. 9 Henry Street

Margaretha Kieken

Margie Garstner

Germany

George Kieken

Glasblower

Germany

Miss Munch

300 Second St

or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

1875 86

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Sex, (state whether male or female)

Race or Color, (if not of the white race)

Date of Birth,

Place of Birth, (Street and Number)

Full Name of Mother,

Mother's Maiden Name,

Mother's Birthplace,

Full Name of Father,

Father's Occupation,

Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,

Thos. G. Hill
Female
White
The 23rd October 1886
No 9 Chew Street
Lillie Sewall
Lillie Massey
Baltimore Md
John Sewall
Drummer
Richmond Virginia
Mrs Ch. Lauer
No 173 Hayward Ave
Bal Md
1886

RETURN OF A BIRTH 89587

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female).

Female

2. Race or Color, (if not of the white race).

White

3. Date of Birth,

Oct. 25th 1886

4. Place of Birth, (Street and Number).

371 E. Pratt Street

5. Full Name of Mother.

Helen A. Kehr

6. Mother's Maiden Name.

Hobelman

7. Mother's Birthplace.

Germany

8. Full Name of Father.

August Kehr

9. Father's Occupation.

Brick Manufacturer

10. Father's Birthplace.

Germany

Name of Medical Attendant, or other Person who makes this Return.

James J. McShane, M.D.

Address,

417 E. Pratt St.

Remarks,

report the birth to the United States Marshal, in the territory and within the several States, Territories, and any other person or persons who receive or fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH ⁸⁹⁵⁸⁹

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Second Child

Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

October 25th 1886

4. Place of Birth, (Street and Number)

No. 14 Essex St.

5. Full Name of Mother,

Annie Granger

6. Mother's Maiden Name,

Jennings

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Jon Jos Granger

9. Father's Occupation,

Black

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return.

Mr. Wiley

Address,

No 661 Patterson Park Chv.

Remarks,

RETURN OF A BIRTH 89590

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.) 6

Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, 25 of October 1890

4. Place of Birth, (Street and Number) 24 Hazel St. BALTIMORE MD.

5. Full Name of Mother, Lizzie Metzger

6. Mother's Maiden Name, Lizzie Fitts

7. Mother's Birthplace, Polk Mass

8. Full Name of Father, August Metzger

9. Father's Occupation, Shoemaker

10. Father's Birthplace, Prussia

Name of Medical Attendant, or other Person who makes this Return Labna Grubbs

Address, 215 N. West St.

Remarks,

or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable

who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense. To be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

89571

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Sex (state whether male or female),

2. Race or Color (if not of the white race),

3. Date of Birth,

4. Place of Birth (Street and Number),

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks,

Male

October 26

Biddle St. 113

Jessy Weikert

Widmayer

Baltimore

John Widmayer

Laborer

Germania

Josephine Conrad
20 Barne St

RETURN OF A BIRTH 89592

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Second*
- Sex, (state whether male or female) *male*
2. Race or Color, (if not of the white race) *white*
3. Date of Birth, *Oct 26*
4. Place of Birth, (Street and Number) *417 E. 1st St.*
5. Full Name of Mother, *Heahaley Austin*
6. Mother's Maiden Name, *Heahaley Bartley*
7. Mother's Birthplace, *Baltimore Md*
8. Full Name of Father, *George H. Austin*
9. Father's Occupation, *paper hanger*
10. Father's Birthplace, *Anacostia D.C.*
- Name of Medical Attendant, or other Person who makes this Return, *Oliver Bunge*
- Address, *Del. Co. 426, Olm. St. N. E. 2nd St.*
- Remarks,

any of the parent or parents of such child to return the birth to the Board of Health, in the instance, and within this period now required, except in the case of this birth, and in the case of any child, and any person or persons who shall hereafter fail to comply with the provisions of this section, shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH ⁸⁹⁴⁷³

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) female

2. Race or Color, (if not of the white race) white

3. Date of Birth, 26 Oct 1886

4. Place of Birth, (Street and Number) 418 of Lancaster City

5. Full Name of Mother, Maria Teur

6. Mother's Maiden Name, Maria Birkenstet

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Richard Teur

9. Father's Occupation, Blacksmith

10. Father's Birthplace, Hanover, Germany

Name of Medical Attendant, or other Person who makes this Return Dr. C. W. Smith

Address, 527 P. Lombard St.

Remarks, not



or persons who shall hereafter fall to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 89594

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *3rd*
1. Sex, (state whether male or female) *Female*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *Oct 21 1894*
4. Place of Birth, (Street and Number) *52 Ridgely*
5. Full Name of Mother, *Anna R. [unclear]*
6. Mother's Maiden Name, *" Blatterfalk*
7. Mother's Birthplace, *Baltimore*
8. Full Name of Father, *Louis A. [unclear]*
9. Father's Occupation, *Cigar Maker*
10. Father's Birthplace, *Prussia*
- Name of Medical Attendant, or other Person who makes this Return, *Theodore [unclear]*
- Address, *146 [unclear]*
- Remarks,

RETURN OF A BIRTH ^{895'95}

of Registrar of Vital Statistics, Board of Health, Baltimore City.

Mother, (state whether 1st, 2d, 3d, &c.).

Whether male or female) *Female*

, (if not of the white race)

th, *Oct 26*

th, (Street and Number)

f Mother,

iden Name,

thplace,

f Father,

upation,

thplace,

lical Attendant, or other Person who makes this Return.



40 S. Spencer
Margaret M. Smith
Margaret M. Smith
Wm. M. Smith
James M. Smith
Laborer
Wm. M. Smith
21 N. Poppatton St.
none

RETURN OF A BIRTH ⁸⁹⁵⁹⁶

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

female

2. Race or Color, (if not of the white race)

Colord

3. Date of Birth,

October Tuesday the 26th

4. Place of Birth, (Street and Number)

Baltimore Md No 17 Stockholm St

5. Full Name of Mother,

Annie Harrison

6. Mother's Maiden Name,

Annie Harrison

7. Mother's Birthplace,

North Carolina

8. Full Name of Father,

Harrie Beaumont

9. Father's Occupation,

Sailor

10. Father's Birthplace,

Flouriday

Name of Medical Attendant, or other Person who makes this Return.

Lurenia mills

Address,

No 21 Stockholm St

Remarks,

Doing well an also the baby

report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.



RETURN OF A BIRTH

89597

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st

Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

3. Date of Birth,

October 26th 1886

4. Place of Birth, (Street and Number)

221 E. Hayett St.

5. Full Name of Mother,

Emma Keatt

6. Mother's Maiden Name,

" Schneider

7. Mother's Birthplace,

City

8. Full Name of Father,

Christian Keatt

9. Father's Occupation,

Grocer

Father's Birthplace,

City

Name of Medical Attendant, or other Person who makes this Return.

Mrs. Elizabeth Betts

Address,

120 C. Bank St.

Remarks,

of persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (\$10) dollars for each offense to be recovered as other fines and forfeitures are recoverable

RETURN OF A BIRTH.

89598

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

5th

1. Sex, (state whether male or female)

male

2. Race or Color, (if not of the white race)

white

3. Date of Birth

October 20 1888

4. Place of Birth, (Street and Number)

38 Union Street

5. Full Name of Mother,

Katie Hess

6. Mother's Maiden Name,

M. Reimer

7. Mother's Birthplace,

Baltimore City

8. Full Name of Father,

Ed. Hess

9. Father's Occupation,

paper hanger

10. Father's Birthplace,

Baltimore City

Name of Medical Attendant, or other Person who makes this Return.

Morris S. Palowitsee, M.D.

Address,

256 Guilford street

Remarks,

report his birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.



RETURN OF A BIRTH 89599

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

First

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

Oct 26 1886

3. Date of Birth,

4. Place of Birth, (Street and Number)

119 N Central Ave

5. Full Name of Mother,

Mary J. Mitchell

6. Mother's Maiden Name,

" " Price

7. Mother's Birthplace,

Missouri

8. Full Name of Father,

John Mitchell

9. Father's Occupation,

Plumber

10. Father's Birthplace,

Scotland

Name of Medical Attendant, or other Person who makes this Return

Mary A. Allwell

Address, 912 N Donogh st

Remarks,

RETURN OF A BIRTH

89600

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

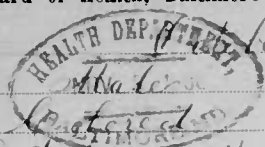
9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,



or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten dollars for each offense to be recovered in other lines and forfeitures are respectively.

RETURN OF A BIRTH

89601

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female)

female

2. Race or Color, (if not of the white race)

colored

3. Date of Birth,

October 26

4. Place of Birth, (Street and Number)

89 Morealey

5. Full Name of Mother,

Gussie Jenkins Upshur

6. Mother's Maiden Name,

Gussie Jenkins

7. Mother's Birthplace,

Pittsford Pa.

8. Full Name of Father,

William Upshur

9. Father's Occupation,

water

10. Father's Birthplace,

Richmond Va.

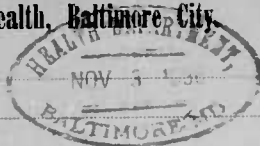
Name of Medical Attendant, or other Person who makes this Return.

Charles H. Upshur

Address,

89 Morealey

Remarks,



Report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter be convicted of disobedience of this law, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

GIVEN NAME ADDED 10-23-52
RETURN OF A BIRTH

89602

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: *Florence Harwood Hart*
No. of Child of Mother, (state whether 1st, 2d, 3d &c.) *3d*

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Oct. 26th 86.

4. Place of Birth, (Street and Number)

504 2^d St

5. Full Name of Mother,

Alice D. Hart

6. Mother's Maiden Name,

" " "

7. Mother's Birthplace,

Alabama

8. Full Name of Father,

James E. Hart

9. Father's Occupation,

Salesman

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return.

Thomas Opie M.D.

Address,

600 (new no) 1st Howard St

Remarks,

report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

89603

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,



11
16
Oct 11 1895
Law No 45
Betty Gutman
Cohn
Poland

Abraham Gutman
Publisher
Poland

Mrs R. H. M.
1302 16 Maryland St.

RETURN OF A BIRTH

89604

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) >

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

3. Date of Birth,

26 October

4. Place of Birth, (Street and Number)

22 Watson

5. Full Name of Mother,

H. Ernesta Buxbaum

6. Mother's Maiden Name,

Baum

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Hermann Buxbaum

9. Father's Occupation,

Insurance agent

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return

Sarah Casper

Address,

72 E. Lombard

Remarks,



to be in attendance upon the mother, immediately thereafter, in which he shall become the duty of the parent or parents of such child to report its birth to the Registrar of Vital Statistics, in the manner and within the period above required, and any such person or persons failing to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense in his or her discretion, as other fines and forfeitures are recoverable.

report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subject to the fine of \$10 (ten) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

89605

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

7th

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

3. Date of Birth,

Oct 21st

4. Place of Birth, (Street and Number)

45

Mc

5. Full Name of Mother,

Catherine Copensque

6. Mother's Maiden Name,

Carroll

7. Mother's Birthplace,

13th St

8. Full Name of Father,

Charles Copensque

9. Father's Occupation,

Iron Founder

10. Father's Birthplace,

Pennsylvania

Name of Medical Attendant, or other Person who makes this Return.

Geo R. Graham M.D.

Address,

13th Columbia Ave

Remarks,

RETURN OF A BIRTH

14606

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

3

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

26 October

4. Place of Birth, (Street and Number)

39 Abbott St

5. Full Name of Mother,

Mary Douhal

6. Mother's Maiden Name,

Vandrock

7. Mother's Birthplace,

Bohemia

8. Full Name of Father,

Anton Douhal

9. Father's Occupation,

Lab on

10. Father's Birthplace,

Bohemia

Name of Medical Attendant, or other Person who makes this Return.

Josephine Conner

Address,

25 Barnes

Remarks,

For each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH ⁸⁹⁶⁰⁷

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2 Female

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Oct 26th

4. Place of Birth, (Street and Number)

166 Co Fremont

5. Full Name of Mother,

Marie Jeyal Hooke

6. Mother's Maiden Name,

Marie Jeyal

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Julian B. Hooke

9. Father's Occupation,

Agent

10. Father's Birthplace,

South America

Name of Medical Attendant, or other Person who makes this Return.

Mrs. Olyer

Address,

24 Columbia Ave

Remarks,

Report his birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH 87608

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

First.

1. Sex, (state whether male or female)

Male.

2. Race or Color, (if not of the white race)

White.

3. Date of Birth,

Oct. 26th / 1884.

4. Place of Birth, (Street and Number)

Maternity, 113 & 115 W. Lombard St.

5. Full Name of Mother,

Carrie Canby.

6. Mother's Maiden Name,

Do.

7. Mother's Birthplace,

Maryland.

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant,

or other Person who makes this Return.

L. F. Conklin M.D.

Address,

113 & 115 W. Lombard St.

Remarks,

On the attendance of the mother, and within the period above required, and any such person report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH ⁸⁹⁶⁰⁹

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Oct 26

4. Place of Birth, (Street and Number)

No 595 old number S. Charles

5. Full Name of Mother,

Minnie Miller

6. Mother's Maiden Name,

Minnie Fisher

7. Mother's Birthplace,

Accomac Co Va

8. Full Name of Father,

John H. Miller

9. Father's Occupation,

Glass Blower

10. Father's Birthplace,

Baltimore city and

Name of Medical Attendant, or other Person who makes this Return,

C. Winton

Address,

old 1737 new South Charles

Remarks,



be in attendance upon the mother immediately thereafter it shall become the duty of the person or persons of such child in report his birth to the Commissioner of Health, in the manner and within the time specified in the regulations of the Board of Health, and if any person who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (\$10) dollars for each offence to be recovered as an other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

1. Sex, (~~state whether male or female~~)

2. Race or Color, (if not of the white race)

3. Date of Birth

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,

October 26th 1886

No 35 S. High St

Mattie Agnes Jenkins.

Heeburn

Andania

Charles Carroll Jenkins,

Doctor

Baltimore

J. R. W. Anderson, M.D.

121 E. Baiter St

Be in all cases to be reported to the Registrar of Vital Statistics, Baltimore City, within the period above required, and any such person who fails to do so, or who reports a birth to the Registrar of Vital Statistics, Baltimore City, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH 89611

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Second (2d)*

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *October 20, 1886*

4. Place of Birth, (Street and Number) *Charles East (Yorkland)*

5. Full Name of Mother, *Mrs. Medora Ann Pennington*

6. Mother's Maiden Name, *Mrs. M. A. Clendenen*

7. Mother's Birthplace, *Baltimore, Md.*

8. Full Name of Father, *Mr. John Pennington Jr.*

9. Father's Occupation, *Cann. Maker*

10. Father's Birthplace, *Baltimore, Md.*

Name of Medical Attendant, or other Person who makes this Return, *Wm. H. Clendenen M.D.*

Address, *119 102 N. Broadway*

Remarks,

In attending to this return, the Registrar of Health, in the manner and within the period above required, and any such person report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

89612

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *2nd 2nd*

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth *October 26th 1886.*

4. Place of Birth, (Street and Number) *No. 23 1/2 Goodman St*

5. Full Name of Mother, *Addie West*

6. Mother's Maiden Name, *Addie Baley*

7. Mother's Birthplace, *Baltimore*

8. Full Name of Father, *Walter West*

9. Father's Occupation, *Machinist*

10. Father's Birthplace, *Baltimore*

Name of Medical Attendant, or other Person who makes this Return, *Catharine Hornung*

Address, *No 18 Byrd St*

Remarks,

Be in attendance upon the mother, immediately after delivery, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

89613

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *4th child*

1. Sex, (state whether male or female) *Male*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *Oct 26th 1886*
4. Place of Birth, (Street and Number) *Cambridge St.*
5. Full Name of Mother, *Annie Long*
6. Mother's Maiden Name, *Kemp*
7. Mother's Birthplace, *Baltimore*
8. Full Name of Father, *John Long*
9. Father's Occupation, *Labore*
10. Father's Birthplace, *Baltimore*

Name of Medical Attendant, or other Person who makes this Return. *Miss Wiley*

Address, *No 611 Patterson Park*

Remarks, *Called in Doctor Gately*

report the birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall neglect or fail to comply with the provisions of this act, shall be subject to the fine of ten (\$10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

Report its birth to the Commissioner of Health in the manner and within the period above required, and pay such person
for each offense in its recovery as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

87614

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

F 110

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

W

3. Date of Birth,

Oct 26 1870

4. Place of Birth, (Street and Number)

904 Albion St

5. Full Name of Mother,

Dorothy E. Quinn

6. Mother's Maiden Name,

" " Spence

7. Mother's Birthplace,

B. C.

8. Full Name of Father,

James M. L. Quinn

9. Father's Occupation,

Quinn

10. Father's Birthplace,

Carroll Co. Md.

Name of Medical Attendant, or other Person who makes this return.

Dr. L. Quinn

Address,

1114 Bay

Remarks,

report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other dues and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth

26 day of October

4. Place of Birth, (Street and Number)

18 Bournough, St

5. Full Name of Mother

Annie Schinner

6. Mother's Maiden Name

Annie Schinner Plant

7. Mother's Birthplace

Conover

8. Full Name of Father

Joseph Schinner

9. Father's Occupation

Blacksmith

10. Father's Birthplace

Conover

Name of Medical Attendant, or other Person who makes this return.

Edna Fisher

Address

107 West St

Remarks

report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

89616

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth

4. Place of Birth, (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return

Address

Remarks



report the birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall be convicted of any offense under this act, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

89617

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

3

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

26 of October

4. Place of Birth, (Street and Number)

118 65 Cross St

5. Full Name of Mother,

Emma Callin

6. Mother's Maiden Name,

Emma Callin

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Joseph Graham

9. Father's Occupation,

Laborer

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this return.

Samuel Gishler

Address,

111 117 1111 11

Remarks,

RETURN OF A BIRTH ^{87/618}

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th Elmer Carroll Ramsey

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, 27th Oct 1886

4. Place of Birth, (Street and Number) 11 Hamilton

5. Full Name of Mother, Lizzie Ramsey

6. Mother's Maiden Name, Waver

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Albert Ramsey

9. Father's Occupation, Commissioner of Police

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return Chas. L. Lewis

Address, 162 Hanover St

Remarks Name added 7/21/36 by undersigned
Wm. E. Ramsey



should be filled out by an authorized person, in all instances, except in the case of a child, in which case the parent or guardian may fill it out. The parent or guardian should be filled out by an authorized person, in all instances, except in the case of a child, in which case the parent or guardian may fill it out. The parent or guardian should be filled out by an authorized person, in all instances, except in the case of a child, in which case the parent or guardian may fill it out.

RETURN OF A BIRTH

87619

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,

Little Boy

White Race

Born 27 Oct 1886 Born 27th of Oct 1886

No. 2225 Mc Henry st

Mrs. Schneider

Mein Dena & Threnhler

Wertenberg. Germany

Mr. Schneider

Butcher

Bayer Germany

Mrs. Hiller

1017 west Pratt st

report its birth to the Commissioner of Health, in the manner and within the period here required, and any child, person or person's name failing to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

89620

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st Child*

1. Sex, (state whether male or female),

2. Race or Color, (if not of the white race)

3. Date of Birth, *October the 29 1896*

4. Place of Birth, (Street and Number)

5. Full Name of Mother, *Caroline Lange*

6. Mother's Maiden Name, *Caroline Meichert*

7. Mother's Birthplace,

8. Full Name of Father, *Herman Lange*

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant

or other Person who makes this Return.

Address, *N. Dallas St. No 114*

Remarks,

report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH ⁸⁹⁶²¹

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Third*

1. Sex, (state whether male or female) *Female*

2. Race or Color, (if not of the white race) *Colored*

3. Date of Birth, *October 27th 1896*

4. Place of Birth, (Street and Number) *14 Foster St*

5. Full Name of Mother, *Lucy Carter*

6. Mother's Maiden Name, *" Pollard*

7. Mother's Birthplace, *Virginia*

8. Full Name of Father, *Alexander Carter*

9. Father's Occupation, *Fireman*

10. Father's Birthplace, *Virginia*

Name of Medical Attendant, or other person who makes this Return, *Sanelia Johnson*

Address, *123 E. Hamilton St*

Remarks,

Report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subject to the fine of ten (10) dollars for each offence to be recovered as other laws and forfeitures are recoverable.

RETURN OF A BIRTH

89622

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *3 birth*

1. Sex, (state whether male or female) *female*

2. Race or Color, (if not of the white race) *white*

3. Date of Birth, *24 October*

4. Place of Birth, (Street and Number) *St. Ann Street*

5. Full Name of Mother, *Kathi Gros*

6. Mother's Maiden Name, *na Braun*

7. Mother's Birthplace, *Baltimore*

8. Full Name of Father, *Jacob Gros*

9. Father's Occupation,

10. Father's Birthplace, *Baltimore*

Name of Medical Attendant, or other Person who makes this Return, *Mrs. Maurer*

Address,

Remarks, *Cent. Market Space No 15*

Figures as birth to the Commissioner of Health, in the manner and within the period as required, and any such return or persons who shall thereafter fail to comply with the provisions of this Act, shall be subject to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.



RETURN OF A BIRTH

89623

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

5th

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

3. Date of Birth.

Oct 27

4. Place of Birth, (Street and Number)

212

5. Full Name of Mother,

Mary Keen

6. Mother's Maiden Name,

Hall

7. Mother's Birthplace,

Balt. Co.

8. Full Name of Father,

Joshua Keen

9. Father's Occupation,

Carpenter & Cabinet Maker

10. Father's Birthplace,

Balt.

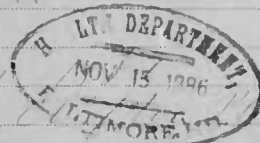
Name of Medical Attendant, or other Person who makes this Return.

H. H. Mellick Jr.

Address,

106 Barnes

Remarks,



in accordance with the provisions of the Act, the Registrar of Vital Statistics, Baltimore City, shall report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other laws and ordinances are recoverable.

RETURN OF A BIRTH 89624

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race)

3. Date of Birth, 27th OCT 5, 1886

4. Place of Birth, (Street and Number) 471 E. ...

5. Full Name of Mother, Nellie Baxter Shaffer

6. Mother's Maiden Name, Skinner

7. Mother's Birthplace, ...

8. Full Name of Father, James Frederick Shaffer

9. Father's Occupation, Bank Teller

10. Father's Birthplace, ...

Name of Medical Attendant, or other Person who makes this Return, E. P. Jones M.D.

Address, 1853 E. Baltimore St.

Remarks,



no fee is charged for this return, but the Commissioner of Health, in the manner and within the period above required, and any such person as is liable to the Commissioner of Health, shall be subject to the provisions of this section, shall be subject to the fine of ten (10) dollars for each offense to be recovered as other laws and forfeitures are recoverable.

report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars, for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

4th

OCT 7 1886

BALTIMORE MD.

1. Sex, (state whether ~~male~~ or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

27 Oct 1886

4. Place of Birth, (Street and Number)

933 Hunn St

5. Full Name of Mother,

Louisa Will

6. Mother's Maiden Name,

Hamabacke

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Alexander Will

9. Father's Occupation,

Butcher

10. Father's Birthplace,

Amersvil Tidanna

Name of Medical Attendant, or other Person who makes this Return.

Dr. H. H. H. H.

Address,

1 Leadenhall St.

Remarks,

RETURN OF A BIRTH ^{896 56}

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

Females

2. Race or Color, (if not of the white race)

3. Date of Birth,

October 27/86

4. Place of Birth, (Street and Number)

No 24 Thames St

5. Full Name of Mother,

Kate Sullivan

6. Mother's Maiden Name,

Hall

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

John Sullivan

9. Father's Occupation,

Laborer

10. Father's Birthplace,

Baltimore

Name of Medical Attendant,

or other Person who makes this Return.

Mrs. Louise Kraft

Address,

No 405 Washington St.

Remarks,

Twins.

report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subject to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

89627

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.) *First*

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race) *Black*

3. Date of Birth, *27 of October 1886*

4. Place of Birth, (Street and Number) *Vincent ave No. 10*

5. Full Name of Mother *Josephine Johnson*

6. Mother's Maiden Name, *Josephine Johnson*

7. Mother's Birthplace, *Baltimore*

8. Full Name of Father, *~~James Wilson~~ James Wilson*

9. Father's Occupation, *Water*

10. Father's Birthplace, *Baltimore*

Name of Medical Attendant, or other Person who makes this Return *Lidia Somerville*

Address, *13 Clinton ave*

Remarks,

RETURN OF A BIRTH ⁸⁹⁶²⁸

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *is 13*

1. Sex, (state whether male or female) *female*

2. Race or Color, (if not of the white race) *Caucasian*

3. Date of Birth, *27 of October 1886*

4. Place of Birth, (Street and Number) *Langford St. No 35*

5. Full Name of Mother, *Lige Ann Webb*

6. Mother's Maiden Name, *Lige Ann Corinick*

7. Mother's Birthplace, *Baltimore Md*

8. Full Name of Father, *William J Webb*

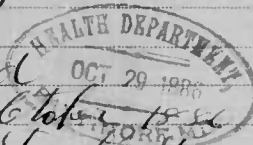
9. Father's Occupation, *Wagoner*

10. Father's Birthplace, *Caroline County Md*

Name of Medical Attendant, or other person who makes this Return, *Dr J. J. Turner*

Address, *No 134 Chesapeake St*

Remarks, *Doctor Webb's wife*



Report its birth to the Registrar of Health, in the manner and within the period above required, and any person who fails to do so, shall be subject to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 89627

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 20

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

Colored

3. Date of Birth,

October 27, 1886

4. Place of Birth, (Street and Number)

1031 Watson

5. Full Name of Mother,

Charlotte M. Good

6. Mother's Maiden Name,

father unknown

7. Mother's Birthplace,

Accoquan Prince Williams Co Va.

8. Full Name of Father,

Andrew H. H. H.

9. Father's Occupation,

Writer

10. Father's Birthplace,

Abington

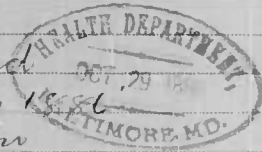
Name of Medical Attendant, or other Person who makes this Return.

Susan Morgan

Address,

1047 N. Duhamel St.

Remarks,



Report as to the Cause, Date of Birth, of the mother and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

report for birth to the Commissioner of Health, in the manner and within the period above required, and any such return or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH ⁸⁹⁶³⁰

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

The 5 Child

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

The 2nd of October 1886

4. Place of Birth, (Street and Number)

No 229 North 1 Street

5. Full Name of Mother,

Kate Connor

6. Mother's Maiden Name,

Kate Murphy

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Thomas Connor

9. Father's Occupation,

Laber

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return.

Mrs C. L. Lauer

Address,

No 123 Maryland Ave

Remarks,

Baltimore Md

1886.

RETURN OF A BIRTH.

89631

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.).

1. Sex (state whether Male or Female) *Female*

2. Race or Color (if not of the white race) *Colored*

3. Date of Birth *October 27 1880*

4. Place of Birth (Street and Number) *18709 Durham St*

5. Full Name of Mother *Emmarline Bryan*

6. Mother's Maiden Name *Emmarline Bryan*

7. Mother's Birthplace *Calbart Co Md*

8. Full Name of Father *John F Bryan*

9. Father's Occupation *Labourer*

10. Father's Birthplace *Baltimore City Md*

Name of Medical Attendant, or other Person who makes this Return. *Miss Dealey Howard*

Address *18709 Durham St*

Remarks

of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

896 32

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

6

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White
Oct 24 - NOV 24

3. Date of Birth,

4. Place of Birth, (Street and Number)

Pratt St. No. 6
Anne Kilman

5. Full Name of Mother,

6. Mother's Maiden Name,

Kener
Baltimore

7. Mother's Birthplace,

8. Full Name of Father,

Joseph Kilman
Lab over

9. Father's Occupation,

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return.

Josephine Conrad
20 Barnes

Address,

Remarks,

request for birth to the Commissioner of Health, in the manner and within the period above required, and who shall thereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) Dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 89633

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st*
1. Sex, (state whether male or female) *Female*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *27th October*
4. Place of Birth, (Street and Number) *Baltimore Cross No 378*
5. Full Name of Mother, *Margdahan Williamson*
6. Mother's Maiden Name, *Margdahan Greba*
7. Mother's Birthplace, *Germany*
8. Full Name of Father, *James Williamson*
9. Father's Occupation, *Remover of furniture*
10. Father's Birthplace, *Baltimore Md*
- Name of Medical Attendant, or other Person who makes this Return, *Inf. Mink*
- Address, *Edenhall st & Montgomery st*
- Remarks, *Good ser*

Persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

89634

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

First (only)

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

October 2nd 1886.

4. Place of Birth, (Street and Number)

No. 226 E. (2020 New Bank St)

5. Full Name of Mother,

Mrs. Emma Estella Booth

6. Mother's Maiden Name,

Miss E. E. Finkhner

7. Mother's Birthplace,

Baltimore, Maryland

8. Full Name of Father,

Mr. John Henry Booth

9. Father's Occupation,

Purchasing Agent

10. Father's Birthplace,

Baltimore, Maryland

Name of Medical Attendant, or other Person who makes this Return.

Wm. A. Claudine, M.D.

Address,

No. 418 North Broadway

Remarks,

At attestation of the Registrar of Vital Statistics, Board of Health, in the manner and within the period above required, and any such person report its birth in the Commission of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this act, shall be subject to the fine of ten (10) dollars for each offence to be recovered as other laws and regulations are recoverable.

RETURN OF A BIRTH ⁸⁹⁶³⁵

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) - 6 -

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race) *clard*

3. Date of Birth, *27th*

4. Place of Birth, (Street and Number) *241 arch st.*

5. Full Name of Mother, *Lou James*

6. Mother's Maiden Name, *Lou Baker*

7. Mother's Birthplace, *Baltimore*

8. Full Name of Father, *Wimfield James*

9. Father's Occupation, *labor*

10. Father's Birthplace, *Baltimore*

Name of Medical Attendant, or other Person who makes this Return

Address, *26 Fawcett St*

Remarks,



Mary Thompson

City of the parent or parents of each child to report its birth to the Board of Health, in the manner and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offense, to be recovered as other fines and penalties.

RETURN OF A BIRTH

84636

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 Child

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Oct 27th 1886

4. Place of Birth, (Street and Number)

209 Chesapeake

5. Full Name of Mother,

Maggie Manning

6. Mother's Maiden Name,

Smeeter

7. Mother's Birthplace,

Germany

8. Full Name of Father,

Anton Manning

9. Father's Occupation,

Crosser

10. Father's Birthplace,

Germany

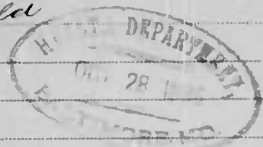
Name of Medical Attendant, or other Person who makes this Return

Mrs Wiley

Address,

611 Patterson Park av

Remarks,



rejoins in birth to it. Counselors of Health, in the manner and extent of the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH, 89637

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Second

1. Sex (state whether male or female)

male

2. Race or Color, (if not of the white race)

white

3. Date of Birth

Oct 27. 86

4. Place of Birth, (Street and Number)

722 W. Pratt

5. Full Name of Mother

Laura Lane

6. Mother's Maiden Name

Collins

7. Mother's Birthplace

Baltimore Md

8. Full Name of Father

John E. Paul

9. Father's Occupation

Machinist

Father's Birthplace

Baltimore Md

Name of Medical Attendant, or other Person who makes this Return.

Alswalt

Address

2100 Lombard

Remarks

name of the mother of such child or children.

RETURN OF A BIRTH 19638

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1
1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, 27 of October 1901
4. Place of Birth, (Street and Number) 112 10 Baltimore MD.
5. Full Name of Mother, Francis C. Cuski
6. Mother's Maiden Name, Francis Schuman
7. Mother's Birthplace, Danvers
8. Full Name of Father, John C. Cuski
9. Father's Occupation, Coburn
10. Father's Birthplace, Danvers
- Name of Medical Attendant, or other Person who makes this Return, John G. G. G.
- Address, 112 10 Baltimore MD.
- Remarks,

Report the birth to the Commissioner of Health, in the manner and within the time specified in the regulations of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other laws and ordinances are recoverable.

RETURN OF A BIRTH 89639

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, Nov Oct 28/86

4. Place of Birth, (Street and Number) 700 W. Baltimore

5. Full Name of Mother, Fannie Harris

6. Mother's Maiden Name, Fannie Richardson

7. Mother's Birthplace, Russia

8. Full Name of Father, Morris Harris

9. Father's Occupation, Shoe Store

10. Father's Birthplace, England

Name of Medical Attendant, or other Person who makes this Return Mrs. L. Schuler

Address, 60 North Schuler St.

Remarks,

report his birth to the Commissioner of Health, in the manner and within the period above prescribed, and any person who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

19640

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Third Child

1. Sex, (state whether male or female)

Wife female

2. Race or Color, (if not of the white race)

3. Date of Birth,

28 October

4. Place of Birth, (Street and Number)

245 Biddle St

5. Full Name of Mother,

Mary Dersth

6. Mother's Maiden Name,

Mary Birkhoff

7. Mother's Birthplace,

Germany

8. Full Name of Father,

John Dersth

9. Father's Occupation,

Shoe maker

10. Father's Birthplace,

Germany

Name of Medical Attendant,

or other Person who makes this Return.

Mrs Ida Tadler

Address,

602 Gold St

Remarks,



RETURN OF A BIRTH

89641

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Oct. 28th, 1886

4. Place of Birth, (Street and Number)

1108 S. H. Ave.

5. Full Name of Mother,

Mary Ann Succesi

6. Mother's Maiden Name,

Horgan

7. Mother's Birthplace,

Phil. Pa.

8. Full Name of Father,

David H. Succesi

9. Father's Occupation,

Clerk

10. Father's Birthplace,

Balto Md.

Name of Medical Attendant,

or other Person who makes this Return.

S. K. Munn

Address,

209 W. Bidde St.

Remarks,

For a complete report of the birth, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH ⁸⁹⁶⁴²

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *3d*

1. Sex, (state whether male or female) *female*

2. Race or Color, (if not of the white race) *Colored*

3. Date of Birth, *Oct 28 1886*

4. Place of Birth, (Street and Number) *1619 Market Baltimore MD*

5. Full Name of Mother, *Lucy Davis*

6. Mother's Maiden Name, *Lucy Wilson*

7. Mother's Birthplace, *St. Island*

8. Full Name of Father, *William Davis*

9. Father's Occupation, *Barber*

10. Father's Birthplace, *Baltimore MD*

Name of Medical Attendant, or other Person who makes this Return, *Sarah Isaac Midwife*

Address, *224 Hughes St Balto*

Remarks,



For the attention of the mother, immediately hereafter it shall become the duty of the person or persons of such cases, to report its birth to the Registrar of Vital Statistics, Baltimore City, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 89643

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *the 4th child*

1. Sex, (state whether male or female) *female female*

2. Race or Color, (if not of the white race) *colored*

3. Date of Birth, *28 of October the year of 1886*

4. Place of Birth, (Street and Number) *107 of Chime street*

5. Full Name of Mother, *Alice Roste*

6. Mother's Maiden Name, *Alice Strige*

7. Mother's Birthplace, *Alcolver county*

8. Full Name of Father, *William Henry Roste*

9. Father's Occupation, *Oyster Shuck*

10. Father's Birthplace, *Baltimore M. D.*

Name of Medical Attendant, or other Person who makes this Return *Wiley Gross*

Address, *15 York Street*

Remarks, _____

report its birth to the Commissioner of Health, of the Baltimore City, and shall be subject to the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other laws and forfeitures are recoverable.

RETURN OF A BIRTH 89644

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd Child

1. Sex, (state whether ~~male~~ or female) _____

2. Race or Color, (if not of the white race) White

3. Date of Birth, October 28, 1886.

4. Place of Birth, (Street and Number) N. Dallas St. No. 304

5. Full Name of Mother, Mathe Baker

6. Mother's Maiden Name, Mathe. Pilsne

7. Mother's Birthplace, Balt^o City

8. Full Name of Father, Georg E. Baker

9. Father's Occupation, Laborer

10. Father's Birthplace, Balt^o City

Name of Medical Attendant, or other Person who makes this Return Mary E. Müller

Address, N. Dallas St. No. 114

Remarks, _____

Report the birth to the Commissioner of Health, or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other dues and forfeitures are recoverable.

RETURN OF A BIRTH

89645

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

4th

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Oct. 28

4. Place of Birth, (Street and Number)

#5 Kirby's Lane

5. Full Name of Mother,

Mary E. Wambach

6. Mother's Maiden Name,

Mary E. Tenley

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Louis E. Wambach

9. Father's Occupation,

Farmer

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return.

Susan Shuster

Address,

21 N. Pappollan St.

Remarks,



Report the birth of every child born in Baltimore City, and the death of every person who shall hereafter fall to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

89646

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Eighth child*

1. Sex, (state whether male or female) *Female*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *28 October 1886*

4. Place of Birth, (Street and Number) *878 Bay St*

5. Full Name of Mother, *Mrs. Mary Curtin*

6. Mother's Maiden Name, *Mary O'Donnell*

7. Mother's Birthplace, *Ireland*

8. Full Name of Father, *Mr. Patrick Curtin*

9. Father's Occupation, *Labour*

10. Father's Birthplace, *Ireland*

Name of Medical Attendant, or other Person who makes this Return. *Susan Hunter*

Address, *21 N. Boppellon St*

Remarks,



CERTIFICATE CORRECTED 7-20-51

RETURN OF A BIRTH 89647

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8 Harry R. Ryan

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, October 28, 1926

4. Place of Birth, (Street and Number) 157. Fairmount Ave

5. Full Name of Mother, Kate Alfred Ryan

6. Mother's Maiden Name, Kate Rafferty

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Daniel Alfred Ryan

9. Father's Occupation, Iron Molder

10. Father's Birthplace, Wales

Name of Medical Attendant, or other Person who makes this Return, Susan Morgan

Address, 1047. N. Lombard St

Remarks,

report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other: Data and forfeitures are recoverable.

RETURN OF A BIRTH 89648

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,

Report its birth to the Commissioner of Health, in the manner and within the period above required, and pay each person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

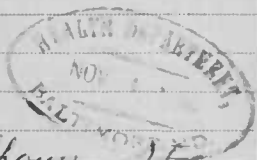
Be it enacted upon the matter, hereunto referred, that if any person or persons shall fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

89649

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2
1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race)
3. Date of Birth, Oct 28
4. Place of Birth, (Street and Number) # 451 N. Calhoun St.
5. Full Name of Mother, Ann Doyle
6. Mother's Maiden Name, Ann Lambert
7. Mother's Birthplace, Ireland
8. Full Name of Father, Martin Doyle
9. Father's Occupation, Labour
10. Father's Birthplace, Maryland
- Name of Medical Attendant, or other Person who makes this Return, E. C. Hur
- Address, No 19 Woodpar st
- Remarks, _____



RETURN OF A BIRTH

896511

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 11

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race)

3. Date of Birth, October 28th

4. Place of Birth, (Street and Number) New Market 320

5. Full Name of Mother, Maria Peterson

6. Mother's Maiden Name, Ottumbe

7. Mother's Birthplace, City

8. Full Name of Father, Wm. Peterson

9. Father's Occupation, Engineer

10. Father's Birthplace, City

Name of Medical Attendant, or other Person who makes this Return, Mrs. Elizabeth B. B. B.

Address, 12 E. Bank St.

Remarks,



Report its birth to the Registrar of Births, in the manner and to the effect herein provided, and the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.).

1. Sex, (state whether male or female).

2. Race or Color, (if not of the white race).

3. Date of Birth,

4. Place of Birth, (Street and Number).

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,



Oct
Columbia Ave

Margaret Callahan

Hobert

Balto

Patrick Callahan

Ireland

Geo R Nathan M.D.

be in attendance upon the mother, immediately thereafter it shall become the duty of the parent or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period here required, and any parent or parents who shall neglect to do so, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other laws and ordinances are recoverable.

RETURN OF A BIRTH P9652

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) Colored

3. Date of Birth, Oct 28 1896 at 20

4. Place of Birth, (Street and Number) No 6 Pruss ally

5. Full Name of Mother, Anna Slanthe

6. Mother's Maiden Name, _____

7. Mother's Birthplace, Baltimore

8. Full Name of Father, John Slanthe

9. Father's Occupation, Driver

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return, Dr. J. C. Jordan

Address, 906 Pruss ally

Remarks, _____

RETURN OF A BIRTH.

89653

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

9th

1. Sex (state whether Male or Female)

Male

2. Race or Color (if not of the white race)

Colored

3. Date of Birth

Oct. 28th

4. Place of Birth (Street and Number)

170 Henrietta St.

5. Full Name of Mother

Amelia A. Peck

6. Mother's Maiden Name

Amelia A. Dorsey

7. Mother's Birthplace

Washington D.C.

8. Full Name of Father

Edward Peck

9. Father's Occupation

Minister

10. Father's Birthplace

Baile.

Name of Medical Attendant, or other Person who makes this Return.

A. M. Hall

Address

1019 S. Hill Ave.

Remarks

Birth as at the place of residence, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH

87654

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Third*
1. Sex, (state whether male or female) *it is a female.*
2. Race or Color, (if not of the white race) *it is a colored*
3. Date of Birth, *28 oct 1886*
4. Place of Birth, (Street and Number) *Baltimore. harmony lane No 87*
5. Full Name of Mother, *Rachel Dorsey*
6. Mother's Maiden Name, *Ra*
7. Mother's Birthplace, *Born in Howard County,*
8. Full Name of Father, *Frank Dorsey*
9. Father's Occupation, *carpenter*
10. Father's Birthplace, *Howard County*
- Name of Medical Attendant, or other Person who makes this Return, *no Doc*
- Address, *none*
- Remarks, *none*
Mt Wife No 93 harmony lane Baltimore *haintt hutchins*

be in attendance upon the mother of the child, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

pg 55

Friday.

Male

White

to be 28th 86

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RETURN OF A BIRTH 89656

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

5th child

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

3. Date of Birth,

October 28th 1886

4. Place of Birth, (Street and Number)

No 916 Simon St

5. Full Name of Mother,

Mary Flay

6. Mother's Maiden Name,

" Kilmer

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

George M. Flay

9. Father's Occupation,

Mechanic

10. Father's Birthplace,

Germany

Name of Medical Attendant, or other Person who makes this Return

Annie Lindner

Address,

No 45 S. George St

Remarks,

Report the birth to the Commissioner of Health in the manner and within the period above required, and any person who neglects to do so, or who furnishes false information, shall be subject to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

8/657

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, 28 of October

4. Place of Birth, (Street and Number) No 154 Green St

5. Full Name of Mother, Mary Kemper

6. Mother's Maiden Name, Mary Gashland

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Charles Kemper

9. Father's Occupation, Cane maker

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return Salina Grisham

Address, 2018 West St

Remarks,

report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person who fails to do so shall hereafter fall to comply with the provisions of this section, shall be subjected to the fine or ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Tenth*

(89651)

1. Sex, (state whether male or female) *female*

2. Race or Color, (if not of the white race) *whit.*

3. Date of Birth, *Oct. 29. 1886*

4. Place of Birth, (Street and Number) *116 Linden ave*

5. Full Name of Mother, *Catharine M'Connie*

6. Mother's Maiden Name, *Parker*

7. Mother's Birthplace, *Md.*

8. Full Name of Father, *Andrew M'Connie*

9. Father's Occupation, *city employe*

10. Father's Birthplace, *Md.*

Name of Medical Attendant, *or other Person who makes this Return* *Chas Lam Taneyhill*

Address, *922 Madison ave.*

Remarks,



Any of the parents or parents of such child to return its birth to the Board of Health, in the foregoing, and within the time specified above, except in the case of the birth of a child, the mother of which is deceased, or any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offense, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

84659

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

First

1. ☒ (state whether male or female)

~~brown skin~~ boy

2. Race or Color, (if not of the white race)

brown skin

3. Date of Birth,

29th of october 1886

4. Place of Birth, (Street and Number)

waterses court No 6

5. Full Name of Mother,

Mary Ealen Richards

6. Mother's Maiden Name,

Mary Ealen Richards

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

James Henry Brown

9. Father's Occupation,

a water

10. Father's Birthplace,

City

Name of Medical Attendant,

or other Person who
makes this Return

Lydia V Somerville

Address,

13 Clinton ave

Remarks,

RETURN OF A BIRTH 89.660

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *9th Child*

1. Sex, (state whether male or female) *Male*
 2. Race or Color, (if not of the white race) *White*
 3. Date of Birth, *October 29, 1886*
 4. Place of Birth, (Street and Number) *Eden St. No. 314.*
 5. Full Name of Mother, *Mary Harris*
 6. Mother's Maiden Name, *Mary Kehler*
 7. Mother's Birthplace, *Baltimore*
 8. Full Name of Father, *John Harris*
 9. Father's Occupation, *Blacksmith*
 10. Father's Birthplace, *New Orleans*
- Name of Medical Attendant, *or other Person who makes this Return* *Mary E. Miller*
- Address, *N. Dallas St. No. 114*
- Remarks, _____

report its birth to the Commissioner of Health, in the manner and within the period above required, and pay each person or persons who fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

89661

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8 Child

1. Sex (state whether male or female) Female

2. Race or Color (if not of the white race) White race

3. Date of Birth The 29th of October, 1886.

4. Place of Birth (Street and Number) No. 51 Biddle St.,

5. Full Name of Mother Anna Heckler

6. Mother's Maiden Name Anna Reema,

7. Mother's Birthplace in Germany.

8. Full Name of Father Charles Heckler

9. Father's Occupation a Tailor,

10. Father's Birthplace in Germany.

Name of Medical Attendant, or other Person who makes this Return.

Address Midwife Theresa Geller No 34 Biddle St.,

Remarks

name of the mother of such child or children.

RETURN OF A BIRTH

89662

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

3d

Sex, (state whether male or female)

Female

Race or Color, (if not of the white race)

Date of Birth,

October 29th 1886

Place of Birth, (Street and Number)

1167 Eastern Ave

Full Name of Mother,

Mary Miller

Mother's Maiden Name,

" Meyer

Mother's Birthplace,

City

Full Name of Father,

Emil Miller

Father's Occupation,

Harmon maker

Father's Birthplace,

City

Name of Medical Attendant, or other Person who makes this Return

Mrs Elizabeth B. B.

Address,

120 Banks St.

Remarks,

Report its birth to the Commissioner of Health, in the manner and within the time prescribed, and any person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other dues and forfeitures are recoverable.

RETURN OF A BIRTH 89663

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *3rd Child*
1. Sex, (state whether male or female) *Girl*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *29th of October 1886*
4. Place of Birth, (Street and Number) *39 132 South Durham Street*
5. Full Name of Mother, *Maggie Rodman*
6. Mother's Maiden Name, *Maggie Körner*
7. Mother's Birthplace, *Baltimore*
8. Full Name of Father, *John Körner*
9. Father's Occupation, *Laborer*
10. Father's Birthplace, *Baltimore*
- Name of Medical Attendant, or other Person who makes this Return, *Crescentia Kunkel*
- Address, *11 North Chapel Street per Justina Kunkel*
- Remarks, *Healthy.*

report its birth to the Commissioner of Health, in the manner and within the period above required, and pay such person for each offense to be punished as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 89664

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth Oct 27

4. Place of Birth, (Street and Number) old No 78 Schenck St

5. Full Name of Mother, Sarah Rodgers

6. Mother's Maiden Name, Thomas

7. Mother's Birthplace, Lamington Co, Md

8. Full Name of Father, George Rodgers

9. Father's Occupation, Marine on a Brig

10. Father's Birthplace, Lamington Co, Md

Name of Medical Attendant, or other Person who makes this Return. Dr. J. Drummond

Address, 225 S. Calver St

Remarks, Mother and Child doing well



be in attendance upon the mother, immediately thereafter, in the manner and within the period there required, and any such person report its birth to the Commissioner of Health, in the manner and within the period there required, and any such person or persons who shall hereafter fail to comply with the provisions of this act, shall be subject to the fine of ten (10) dollars for each offense to be recovered as other laws and ordinances are recoverable.

to be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons for the results of such child, to
person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars
for each offence to be recovered as in other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

89665

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

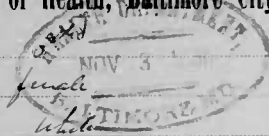
9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,



Oct 29 - 1896

A. E. Co. acc. just & balance

Annie C. Beck

Kolter

Perma

Charles Beck

Druggist

Hayden

D. Street, Md

1437 Exeter St

RETURN OF A BIRTH

87666

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

3. Date of Birth,

29 October

4. Place of Birth, (Street and Number)

35 E. Lombard

5. Full Name of Mother,

Minnie Weiskopf

6. Mother's Maiden Name,

Gordon

7. Mother's Birthplace,

Europe

8. Full Name of Father,

Joseph Weiskopf

9. Father's Occupation,

Dry goods store

10. Father's Birthplace,

Europe

Name of Medical Attendant, or other Person who makes this Return.

Sarah Casper

Address,

72 E. Lombard

Remarks,

be in attendance upon the mother, immediately after the birth of the child, and report its birth to the Commissioner of Health, in the manner and within the period of time required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subject to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

1966

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

5th

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

3. Date of Birth,

29th Oct 1896

4. Place of Birth, (Street and Number)

No 30 Broomfield

5. Full Name of Mother,

Catherine Hengberger

6. Mother's Maiden Name,

Senettin

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

George Hengberger

9. Father's Occupation,

Laborer

10. Father's Birthplace,

Baltimore

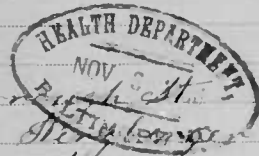
Name of Medical Attendant, or other Person who makes this Return.

Elizabeth Gerald

Address,

68 Front Ave

Remarks,



be in attendance upon the mother, immediately thereafter it shall be the duty of the person or persons of such child to report its birth to the Commissioner of Health, or to the Registrar of Vital Statistics, and any such person for each offence to be liable to a fine of ten dollars, or to imprisonment for not more than thirty days, or to both such fine and imprisonment, and any such person as other fines and forfeitures are recoverable.

RETURN OF A BIRTH ⁸⁹⁶⁶⁸

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Fifth child

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Oct 29 "

4. Place of Birth, (Street and Number)

284 Bank Street

5. Full Name of Mother,

Kate Sennette Schul

6. Mother's Maiden Name,

Kate Sennette Eager

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Frederick Schul

9. Father's Occupation,

Timer & Sheet Iron Worker

10. Father's Birthplace,

Baltimore

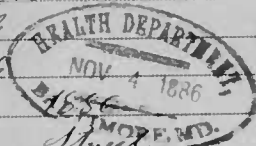
Name of Medical Attendant, or other Person who makes this Return.

Mr. Wiley

Address,

No. 611 Patterson Park Av.

Remarks.



be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child to report its birth to the Commissioner of Health, in the manner and within the time specified in the preceding section, and any person who shall neglect to do so, shall be subject to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH ⁸⁹⁶⁶⁹

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *First*

1. Sex, (state whether male or female) *Female*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *Oct 29th 1886*

4. Place of Birth, (Street and Number) *(Maternity) 113 & 115 N. Lombard St*

5. Full Name of Mother, *Annice Hill*

6. Mother's Maiden Name, *D.O.*

7. Mother's Birthplace, *Pennsylvania*

8. Full Name of Father, _____

9. Father's Occupation, _____

10. Father's Birthplace, _____

Name of Medical Attendant, or other Person who makes this Return, *H. A. Spradling M.D.*

Address, *113 & 115 N. Lombard St*

Remarks, _____

Be in attendance upon the mother, immediately thereafter, and, before the day of the birth, in the manner and within the period above required, and any such person who fails to do so, or who neglects to do so, or who fails to comply with the provisions of this section, shall be subject to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH ⁸⁹⁶⁷⁰

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, ~~3d~~ &c.)...

1. Sex, (state whether male or female)... *Male.*

2. Race or Color, (if not of the white race)...

3. Date of Birth, *Twenty Ninth Day of October*

4. Place of Birth, (Street and Number) *No 935 S. Howard St City*

5. Full Name of Mother, *Annie Judith Moore*

6. Mother's Maiden Name, *Annie Judith Brandon*

7. Mother's Birthplace, *Carrville Baltimore County*

8. Full Name of Father, *John William Moore*

9. Father's Occupation, *Engineer*

10. Father's Birthplace, *Baltimore*

Name of Medical Attendant, or other Person who makes this Return, *Miss Munch*

Address, *800 Leadenhall St.*

Remarks,

Report its birth to the Commissioner of Health, in the manner and within the period aforesaid required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH ⁸⁹⁶⁷¹

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th Child

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) Caucasian

3. Date of Birth, 25 Feb 1906

4. Place of Birth, (Street and Number) 1111 Baltimore St

5. Full Name of Mother, Anna Bailey

6. Mother's Maiden Name, Baltimore

7. Mother's Birthplace, Baltimore

8. Full Name of Father, James H. Bailey

9. Father's Occupation, Master

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return, Lucy Connick

Address, 1111 Baltimore St

Remarks, London City

in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child, to report his birth to the Commissioner of Health, in the manner prescribed in the regulations, and shall be subject to the fine of ten (10) dollars for each offense to be proved.

RETURN OF A BIRTH 89672

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

4

1. Sex, (state whether male or ~~female~~).

2. Race or Color, (if not of the white race).

3. Date of Birth,

30 October

4. Place of Birth, (Street and Number)

3 Parly Court

5. Full Name of Mother,

Victoria Quinn

6. Mother's Maiden Name,

Shriver

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Frank Quinn

9. Father's Occupation,

Tailor

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return.

Miss Alunch

Address,

100 Leadenhall St.

Remarks,

Report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

be in attendance upon the mother, and within the period above required, and any such person report its birth to the Commissioner of Health, in the manner and within the time herein prescribed, and any person who fails to do so, shall be subject to the fine of \$10, and any person who fails to do so, shall be subject to the fine of \$10, and any person who fails to do so, shall be subject to the fine of \$10.

RETURN OF A BIRTH 1864

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Third Child*

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *Oct 30*

4. Place of Birth, (Street and Number) *406 Canton St.*

5. Full Name of Mother, *Barbara Elizabeth Truvel*

6. Mother's Maiden Name, *Idus*

7. Mother's Birthplace, *Baltimore*

8. Full Name of Father, *George E. Truvel*

9. Father's Occupation, *Blacksmith*

10. Father's Birthplace, *Gardenville Bucks County*

Name of Medical Attendant, or other Person who makes this Return, *Mr. Wiley*

Address, *No 611 Patterson Park Ave.*

Remarks,



RETURN OF A BIRTH

89674

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

3rd

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

October 30th 1886

4. Place of Birth, (Street and Number)

No. 9 Forest

5. Full Name of Mother,

Louisa Wilson

6. Mother's Maiden Name,

Smith

7. Mother's Birthplace,

New York City

8. Full Name of Father,

Chas. A. Wilson

9. Father's Occupation,

Advertising Agent

10. Father's Birthplace,

Penn. & Canada

Name of Medical Attendant, or other Person who makes this Return.

H. C. Pick. M. D.

Address,

(Over 20) # 15 North Carroll Ave.

Remarks,



Report his birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subject to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH ⁸⁹⁶⁷⁸

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *6th*

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth, *30th Oct 1886*

4. Place of Birth, (Street and Number) *on a Barge in the Harbor*

5. Full Name of Mother, *Anna Morris*

6. Mother's Maiden Name, *Wheeler*

7. Mother's Birthplace, *Dorchester Co MD*

8. Full Name of Father, *John Morris*

9. Father's Occupation, *Waterman*

10. Father's Birthplace, *Delaware*

Name of Medical Attendant, or other Person who makes this Return, *Edw. G. Jewell*

Address, *18 Fort St*

Remarks,



Be in attendance upon the mother immediately thereafter it shall become the duty of the Registrar to make a record of the birth of the child, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered.

RETURN OF A BIRTH 89676

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Female

1. Sex, (state whether male or female) 8

2. Race or Color, (if not of the white race) Jewish

3. Date of Birth, Oct 30th 1888

4. Place of Birth, (Street and Number) Common St No 25

5. Full Name of Mother, Rachel Wachofsky

6. Mother's Maiden Name, "

7. Mother's Birthplace, Russia

8. Full Name of Father, Wolf Wachofsky

9. Father's Occupation, Tailor

10. Father's Birthplace, Russia

Name of Medical Attendant, or other Person who makes this Return. Mrs P. H. H. H.

Address, 1302 16 St

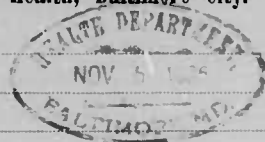
Remarks,

In affidavits filed for the purpose of reporting a birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 89697

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 44



1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race) White

3. Date of Birth, Oct 30 - 1896

4. Place of Birth, (Street and Number) 277 W. 11th St

5. Full Name of Mother, Susan Tipton

6. Mother's Maiden Name, Cornell

7. Mother's Birthplace, Baltimore Md

8. Full Name of Father, James Tipton

9. Father's Occupation, Carpenter

10. Father's Birthplace, Hartford Md

Name of Medical Attendant, or other Person who makes this Return, H. L. Tipton

Address, 387 W. Lombard St

Remarks,

In the absence of the Registrar of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

89678

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

5th child

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Oct. 30/86

4. Place of Birth, (Street and Number)

152 S. Lombard St.

5. Full Name of Mother,

Ida M. Seddon

6. Mother's Maiden Name,

" " Calloway

7. Mother's Birthplace,

New York

8. Full Name of Father,

Benjamin Seddon

9. Father's Occupation,

Laborer

10. Father's Birthplace,

Ireland

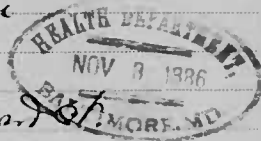
Name of Medical Attendant, or other Person who makes this Return.

Rev. Mansfield M.D.

Address,

528 Broadway

Remarks,



See the Act of the General Assembly, passed at the Session of 1882, Chapter 100, and the Act of the General Assembly, passed at the Session of 1883, Chapter 100, for the regulations governing the registration of births and deaths, and for the duties and responsibilities of the Registrar of Vital Statistics, and for the duties and responsibilities of the Medical Attendant, and for the duties and responsibilities of the other persons who make this return.

RETURN OF A BIRTH ⁸⁹⁶⁷⁹

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1
1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth. Oct 20 1895
4. Place of Birth, (Street and Number) 28 Gillon St. Canton
5. Full Name of Mother, Mary Ella LeCompte
6. Mother's Maiden Name, Reak
7. Mother's Birthplace, Cambridge Md.
8. Full Name of Father, George Washington LeCompte
9. Father's Occupation, Steam Eng. Engineer
10. Father's Birthplace, Cambridge Md.
- Name of Medical Attendant, or other Person who makes this Return, E. P. Burns M.D.
- Address, 1535 G. Baltimore St.
- Remarks, _____



be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 89680

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Oct 30th 1886

4. Place of Birth, (Street and Number)

221 N. Front St

5. Full Name of Mother,

Mary Magnus

6. Mother's Maiden Name,

Griscoll

7. Mother's Birthplace,

Ireland

8. Full Name of Father,

David Magnus

9. Father's Occupation,

Horse-shoer

10. Father's Birthplace,

Ireland

Name of Medical Attendant, or other Person who makes this Return,

J. E. Lindsay M.D.

Address,

7 Real St

Remarks,

be in attendance upon the mother immediately thereafter it shall become the duty of the person or persons of such child, to report his birth to the Commissioner of Health, in the manner and within the period above required, and or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other dues and forfeitures are recoverable.

RETURN OF A BIRTH, 89681

Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

Mother, (state whether 1st, 2d, 3d, &c.)

her male or female)

(if not of the white race)

(Street and Number)

Mother

n Name

place

Father

ocation

place

nl Attendant, or other Person who makes this return.

185 Henriette Street

Baltimore Md.



born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

84682

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Ninth*

1. Sex (state whether Male or Female) *Male*

2. Race or Color (if not of the white race) *White*

3. Date of Birth *October 30th 1886.*

4. Place of Birth (Street and Number) *192 Argyle Ave.*

5. Full Name of Mother *A. O. M. Christhill*

6. Mother's Maiden Name *Gill*

7. Mother's Birthplace *Baltimore, Md.*

8. Full Name of Father *Henry B. Christhill*

9. Father's Occupation *Commission Merchant.*

10. Father's Birthplace *Baltimore, Md.*

Name of Medical Attendant, or other person who makes this Return. *Sam W. Knight-M.D.*

Address *414 N. Greene*

Remarks



RETURN OF A BIRTH 89683

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, Oct 30

4. Place of Birth, (Street and Number) 305 Schroeder St

5. Full Name of Mother, Mary J. Murphy

6. Mother's Maiden Name, Mary J. Murphy

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Andrew J. Smith

9. Father's Occupation, Machinist Engineer

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return Mrs. Dorrance

Address, 60 North Schroeder St

Remarks,



See in attendance upon the mother, immediately after delivery, in the manner and within the period above required, and any such person who neglects to do so, or who fails to comply with the provisions of this section, shall be subject to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

pg 684

use in attendance upon the mother, immediately the mother is shall become the duty of the parents of such child to report the birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall heretofore fail to comply with the provisions of this section, shall be subject to a fine of ten (\$10) dollars for each offense to be recovered on a complaint and forfeitures are recoverable.



Female

White

00130/86

54 Mutual 87

Lizzie Gerlach

OK Wronosky

Сенз —

My Gerlock

Varnischen

City

Mr D. Blake, M.D.
Cape Fear River

Carl Rucanich

W. & Co., City Printers and Stationers.

mother, immediately thereafter it shall become the duty of the parent or parents of such child to report the birth to the Registrar of Vital Statistics, Baltimore City, and to file a true and correct copy of this return with the Registrar, who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (\$10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

89685

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

10

1. Sex (state whether male or female),

female

2. Race or Color (if not of the white race),

3. Date of Birth,

October 30 -
36 Miller St

4. Place of Birth (Street and Number),

5. Full Name of Mother,

Josefa Lipa

6. Mother's Maiden Name,

7. Mother's Birthplace,

Bohemia

8. Full Name of Father,

Wenceslaus Lipa

9. Father's Occupation,

Tailor

10. Father's Birthplace,

Bohemia

Name of Medical Attendant, or other person who makes this Return.

Address,

Josephine Conrad
20 Barnes

Remarks,

RETURN OF A BIRTH

89686

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5.

1. Sex, (state whether male or female) male

2. Race or Color, (if not of the white race)

3. Date of Birth, Oct. 30th 1886 at 3³⁰ a.m.

4. Place of Birth, (Street and Number) Lexington St. Alder. 200

5. Full Name of Mother, Babetta Linke

6. Mother's Maiden Name, Neukam

7. Mother's Birthplace, Neumarkt of Palz, Germany

8. Full Name of Father, Martin Linke

9. Father's Occupation, Stevedore

10. Father's Birthplace, Ochsenfurth Unterpf., Germany

Name of Medical Attendant, or other Person who makes this Return. Mrs. Wendel Midwife

Address, Pearl St No 10

Remarks,

be in attendance upon the mother, from the time of her confinement to the time of her discharge, and any such person who neglects to do so, or who fails to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.



RETURN OF A BIRTH 89681

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.)

5th Elizabeth Corling Fleming

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

3. Date of Birth,

31: October

4. Place of Birth, (Street and Number)

128 North Amity

5. Full Name of Mother,

Elizabeth Corling Fleming
Turner

6. Mother's Maiden Name,

7. Mother's Birthplace,

England

8. Full Name of Father,

James Fleming

9. Father's Occupation,

Shoe Maker

10. Father's Birthplace,

England

Name of Medical Attendant,

or other person who
made the examination

Marcelline Mrs. Cross

Address,

413 S. Poppleton

Remarks,

RETURN OF A BIRTH 89685

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth, October 31.

4. Place of Birth, (Street and Number) 2106 Henrietta St

5. Full Name of Mother, Pauline Papel

6. Mother's Maiden Name, Lushendorf

7. Mother's Birthplace, Germany

8. Full Name of Father, Alexander Papel

9. Father's Occupation, Machinist

10. Father's Birthplace, Germany

Name of Medical Attendant, or other Person who makes this Return, Dr. Bill Stunk

Address, 800 Leadenhall St.

Remarks,

report the birth to the Commissioner of Health, on the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the regulations, shall be subjected in the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

89689

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st*
1. Sex, (state whether male or female) *Female*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *Oct 31 1886*
4. Place of Birth, (Street and Number) *804 E. Fayette st*
5. Full Name of Mother, *Mary M. A. Miller*
6. Mother's Maiden Name, *Wolfe*
7. Mother's Birthplace, *Germany*
8. Full Name of Father, *Arthur Miller*
9. Father's Occupation, *Undertaker*
10. Father's Birthplace, *Ireland*
- Name of Medical Attendant, or other Person who makes this Return. *E. E. Baldwin*
- Address, *804 E. Fayette*
- Remarks,

of the parents, and the married name of the mother, and such other information as may be required.

RETURN OF A BIRTH ⁸⁹⁶⁹⁰

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, Balt Oct 31st 1886

4. Place of Birth, (Street and Number) 5 Bradford

5. Full Name of Mother, Emma Rose

6. Mother's Maiden Name, Emma Hoffman

7. Mother's Birthplace, Germany

8. Full Name of Father, Ernest Rose

9. Father's Occupation, Book Binder

10. Father's Birthplace, Germany

Name of Medical Attendant, or other Person who makes this Return, Mrs. Mary Menden

Address, 716 South Wolfe St

Remarks, CD



is in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other laws and ordinances are recovered.

RETURN OF A BIRTH ⁸⁶⁶⁹¹

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, Oct. 31st

4. Place of Birth, (Street and Number) 705 S. Green st.

5. Full Name of Mother, Katharine Seibert

6. Mother's Maiden Name, " Lohs

7. Mother's Birthplace, Jacob Seibert

8. Full Name of Father, Balt.

9. Father's Occupation, Basket maker

10. Father's Birthplace, Newark N. J.

Name of Medical Attendant, or other Person who makes this Return, C. L. Braden Esq.

Address, 166 S. Bazaar st.

Remarks, _____

Birth of any child shall occur without the attendance of a physician or midwife, or should another person be in attendance upon the mother, immediately thereafter it shall become the duty of those persons to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such persons or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence, or to imprisonment of as other fines and forfeitures are recoverable.

report its birth to the Commissioner of Health, in the manner and within the time specified in this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

89692

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

October 31 / 86

4. Place of Birth, (Street and Number)

Cor Lexington & Pine Sts

5. Full Name of Mother,

Grace Pender

6. Mother's Maiden Name,

Grace Pender

7. Mother's Birthplace,

City Baltimore

8. Full Name of Father,

Charles Pender

9. Father's Occupation,

Book Keeper

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return.

H. H. H. H. H.

Address,

2037 Lehigh St

Remarks,

RETURN OF A BIRTH ⁸⁹⁶⁹³

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 Sarah

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, Oct 31, 1886

4. Place of Birth, (Street and Number) Israel Fried

5. Full Name of Mother, 47 Harrison St

6. Mother's Maiden Name, Reut Romanow

7. Mother's Birthplace, Russia

8. Full Name of Father, Benjamin Friedman

9. Father's Occupation, Shoemaker

10. Father's Birthplace, Russia

Name of Medical Attendant, or other Person who makes this Return. C. J. Friedman

Address, Harrison St at 113

Remarks,



report his birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of \$10 dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH ⁸⁹⁶⁹⁴

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st*

1. Sex, (state whether male or female) *Female*

2. Race or Color, (if not of the white race) *Colored Race*

3. Date of Birth, *Oct 31, 1888*

4. Place of Birth, (Street and Number) *116 Register St*

5. Full Name of Mother, *Sallie Banton*

6. Mother's Maiden Name, *Sallie Edman*

7. Mother's Birthplace, *Eastern Shore*

8. Full Name of Father, *Horris Banton*

9. Father's Occupation, *Labour*

10. Father's Birthplace, *Fuller County*

Name of Medical Attendant, or other Person who makes this Return, *Lucius H. Heston*

Address, *100 1st Register St*

Remarks,



Report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH ^{896/93}

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) white

3. Date of Birth, Oct 16 31

4. Place of Birth, (Street and Number) No 415 Duncan St

5. Full Name of Mother, Maggie Them

6. Mother's Maiden Name, Heubich

7. Mother's Birthplace, Balti

8. Full Name of Father, Henry Them

9. Father's Occupation, Copper

10. Father's Birthplace, Balto

Name of Medical Attendant, or other Person who makes this Return

Sarah P Harrington

Address, No 515 Duncan St

Remarks, _____



RETURN OF A BIRTH ⁸⁹⁶⁹⁶

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2d

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Oct 31

4. Place of Birth, (Street and Number)

No. 1 Diamond Baltimore Md

5. Full Name of Mother,

Hannibal Miller

6. Mother's Maiden Name,

Hannibal Mitchell

7. Mother's Birthplace,

Balto Md

8. Full Name of Father,

Jacob R Miller

9. Father's Occupation,

Driver

10. Father's Birthplace,

Balto Md

Name of Medical Attendant, or other Person who makes this Return.

Susan Hunter.

Address,

21 N. Payson St

Remarks,



or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense in be recovered in other fines and forfeitures are recoverable.

RETURN OF A BIRTH

89697

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1 child*

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *October the 31, 1886*

4. Place of Birth, (Street and Number) *E. Lombard St No 1812*

5. Full Name of Mother, *Mollie McNeive*

6. Mother's Maiden Name, *Mollie McNeen*

7. Mother's Birthplace, *Balt City*

8. Full Name of Father, *Michael McNeive*

9. Father's Occupation, *Laborer*

10. Father's Birthplace, *Balt City*

Name of Medical Attendant, or other Person who makes this return *Mary E. Miller*

Address, *W. Dallas St. No 114*

Remarks,

Persons who fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

89698

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,

report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (\$10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

89699

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.) 4th

1. Sex (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth.

4. Place of Birth, (Street and Number)

5. Full Name of Mother.

6. Mother's Maiden Name.

7. Mother's Birthplace.

8. Full Name of Father.

9. Father's Occupation.

10. Father's Birthplace.

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,

White

Oct 21, 18

15 Henry St.

Georgiana L. Linton

Georgiana L. Bell

Maryland

Thomas L. Linton

Waller

England

Dr. J. E. Linton

497 Light St.

The Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH ⁸⁹⁴⁰⁰

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether male or female),

2. Race or Color (if not of the white race),

3. Date of Birth,

4. Place of Birth (Street and Number),

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks,

Male

October 31 - 10

Horn

Mary Brann

Heily

Baltimore

Charles Brann

Laborer

Germany

Josephine Conrad
20 Bessie

RETURN OF A BIRTH ⁸⁹⁴⁰¹

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8th

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, Oct. 31st 1886

4. Place of Birth, (Street and Number) 19 So. Mc Elderry

5. Full Name of Mother, Virginia Brandt

6. Mother's Maiden Name, Gates

7. Mother's Birthplace, City

8. Full Name of Father, Charles Brandt

9. Father's Occupation, Basket Maker

10. Father's Birthplace, City

Name of Medical Attendant, or other Person who makes this Return, E. B. Jenney M.D.

Address, 1201 N. Eden St.

Remarks,



reject his birth to the Commissioner of Health, in the summer and within the period allowed, shall be subjected to the fine of ten (10) dollars or persons who shall hereafter fail to comply with the provisions of this act, shall be liable to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 89/02

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st Wife, and 1st child

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White race

3. Date of Birth, 30th October

4. Place of Birth, (Street and Number) 813 Scott Street

5. Full Name of Mother, Christina Gross

6. Mother's Maiden Name, Christina Neumister

7. Mother's Birthplace, Puttman Baden, Germany

8. Full Name of Father, Wilhelm Gross

9. Father's Occupation, Laborer

10. Father's Birthplace, Ohren, Europe

Name of Medical Attendant, or other Person who makes this Return, C. H. Bange

Address, 664 Ch. 426, New York, N. Y.

Remarks,

report the birth to the Commissioner of Health, in the manner and within the period above required, and any such person who fails to do so, or who gives false information, shall be subject to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recovered.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, Oct. 23rd 1886

4. Place of Birth, (Street and Number) #147 Harford St.

5. Full Name of Mother Elizabeth Knight

6. Mother's Maiden Name, Hearn

7. Mother's Birthplace, Balto Md.

8. Full Name of Father, Theodore Knight

9. Father's Occupation, Black

10. Father's Birthplace, Cecil County

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,

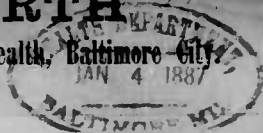


Mrs. L. Bena Nillgeist
#121 Monument St.
1038 (New Number)

Persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *4th*

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

October 26th 1896

4. Place of Birth, (Street and Number)

56 Conway St

5. Full Name of Mother,

Emma J. Turner

6. Mother's Maiden Name,

Emma J. Griffith

7. Mother's Birthplace,

Belmont Co Maryland

8. Full Name of Father,

Joseph J. Turner

9. Father's Occupation,

Black

10. Father's Birthplace,

Belmont Co Maryland

Name of Medical Attendant, or other Person who makes this Return.

J. H. Wiley M.D.

Address,

418 W. Lombard St

Remarks,

report his birth to the Commissioner of Health, in the manner and within the period above required, or persons who are employed by him in the execution of this duty, shall be subjected to the fine for each offense to be recovered in other cases and birth returns are recoverable.

Missing # 89705

RETURN OF A BIRTH 89706

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) ^{5th}

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, Nov. 12th 1886

Place of Birth, (Street and Number) 446 Greenmount St.

5. Full Name of Mother Annie Wright

Mother's Maiden Name, Barton

Mother's Birthplace, Baltimore

Full Name of Father, John Wright

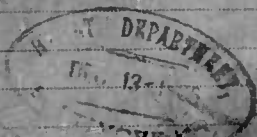
9. Father's Occupation, Gardener

10. Father's Birthplace, Ireland

Name of Medical Attendant, or other Person who makes this Return, Mrs. Henry Kellegist

Address, #18215 Greenmount St.

Remarks, 1038 (Greenmount St.)



The Registrar of Vital Statistics, Baltimore City, shall be responsible for the accuracy of the information furnished, and shall be liable for each offense to be recovered a

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

3rd

1. Sex, (state whether male or female)..

Male

2. Race or Color, (if not of the white race)

3. Date of Birth,

Nov 1st 1886

4. Place of Birth, (Street and Number)

199 Bolton St, Balto City

5. Full Name of Mother,

Josephine Staley

6. Mother's Maiden Name,

"

7. Mother's Birthplace,

8. Full Name of Father,

Walter Staley

9. Father's Occupation,

Clerk

10. Father's Birthplace,

Shepherdstown W Va

Name of Medical Attendant, or other Person who makes this Return.

J. E. Clayton

Address,

36 S. Eutaw St

Remarks,

RETURN OF A BIRTH.

89705

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Sixth.
Male

1. Sex (state whether Male or Female).

2. Race or Color (if not of the white race)

White

3. Date of Birth

November 1st 1886.

4. Place of Birth (Street and Number)

167 N. Paca

5. Full Name of Mother

Annie C. M. Murphy

6. Mother's Maiden Name

Goldhammer

7. Mother's Birthplace

Baltimore, Md.

8. Full Name of Father

Thomas Franklin Murphy

9. Father's Occupation

Asst. Engineer Fire Dept.

10. Father's Birthplace

Baltimore, Md.

Name of Medical Attendant, or other Person who makes this Return.

Sam W. Knight M.D.

Address

414 N. Greene

Remarks

See in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child to report via birth to the Commissioner of Health, in the manner and within the period herein required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of (ten \$10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 89409

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st*

1. Sex, (state whether male or female) *Female*

2. Race or Color, (if not of the white race) *Caucasian*

3. Date of Birth, *Nov 1st 1888*

4. Place of Birth, (Street and Number) *96 Chestnut Alley*

5. Full Name of Mother, *Emma Handrige*

6. Mother's Maiden Name, *Emma White*

7. Mother's Birthplace, *Orange Co. Va.*

8. Full Name of Father, *Charles Handrige*

9. Father's Occupation, *Writer*

10. Father's Birthplace, *Albemarle Co. Va.*

Name of Medical Attendant, or other Person who makes this Return. *Flora Helms*

Address, *38 State Monument street*

Remarks, *new number 434 West Monument*

HEALTH DEPARTMENT
BALTIMORE CITY

RETURN OF A BIRTH

89710

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.)

1

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

Brown skin

3. Date of Birth,

first day of November

4. Place of Birth, (Street and Number)

No 10 Wilmore aly

5. Full Name of Mother,

Jane Gibson

6. Mother's Maiden Name,

Jane T Gibson

7. Mother's Birthplace,

City

8. Full Name of Father,

George Hobbs

9. Father's Occupation,

Labourer

10. Mother's Birthplace,

Talbert County Md

Name of Medical Attendant, or other Person who makes this Return

Lydia Somerville

Address,

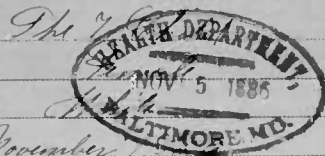
13 Clinton ave

Remarks,

RETURN OF A BIRTH ⁸⁹⁷¹¹

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)



1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

The 1 November

4. Place of Birth, (Street and Number)

No 931 Spring St

5. Full Name of Mother,

Elsie Muller

6. Mother's Maiden Name,

Elsie Gruen

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Charles Muller

9. Father's Occupation,

Crover

10. Father's Birthplace,

Germany

Name of Medical Attendant, or other Person who makes this Return.

Mr Ch Luer

Address,

No 173 Hazard Ave

Remarks,

Bal Md

1884

report its birth to the Commissioner of Health, in the manner and within the period above required, and any such return or persons who shall thereafter fail to comply with the provisions of this section, shall be subject to the fine of ten (10) dollars for each offense to be recovered as other laws and ordinances are recoverable.

RETURN OF A BIRTH

89712

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,



Nov 1. 1886

49. Chapel St

Lusie Miras

Lusie Evans

Foreigner West Moren

Louis Miras

Editor

Eastern Shore Md

Susan Morgan

No 47. N. D. Durham St

Report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this act, shall be subject to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 89713

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th

1. Sex, (state whether male or female) female

2. Race or Color, (if not of the white race) white

3. Date of Birth, November the 1st NOV 1 1886

4. Place of Birth, (Street and Number) 425 W. Pratt St. BALTIMORE, MD.

5. Full Name of Mother, Barbara Pinkler Reinheimer

6. Mother's Maiden Name, Barbara Pinkler

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Theodore Reinheimer

9. Father's Occupation, shoe Operator

10. Father's Birthplace, New York

Name of Medical Attendant, or other Person who makes this Return, Susan Hunter

Address, 21 S. Popelton St

Remarks,

report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of it or (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

89710

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Third (3rd)*

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

November 1st

4. Place of Birth, (Street and Number)

Pennsylvania Ave

5. Full Name of Mother,

Rachel Ann Snyder

6. Mother's Maiden Name,

Beidleman

7. Mother's Birthplace,

Lancaster County Pa

8. Full Name of Father,

A. G. Snyder

9. Father's Occupation,

Farmer

10. Father's Birthplace,

Lancaster County (Pa)

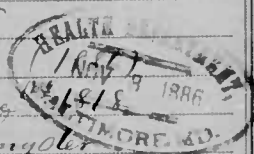
Name of Medical Attendant, or other Person who makes this Return.

Susan Hunter

Address,

21 N Poppleton St

Remarks,



report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this act, shall be subjected to the fine of five (5) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

89715

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

11th

1. Sex, (state whether male or female)

male

2. Race or Color, (if not of the white race)

3. Date of Birth,

15th

Nov

1886

4. Place of Birth, (Street and Number)

108

S. E.

Baltimore

5. Full Name of Mother,

Mary Keen

6. Mother's Maiden Name,

Becker

7. Mother's Birthplace,

Balt.

8. Full Name of Father,

George Keen

9. Father's Occupation,

Engineer

10. Father's Birthplace,

Balt.

Name of Medical Attendant, or other Person who makes this Return.

H. H. Webster

Address,

100 Baltimore

Remarks,



Any person who shall neglect or refuse to comply with the provisions of this section, shall be subjected to the fine of ten (\$10) dollars for each offence to be recovered as other duties and forfeitures are recoverable.

RETURN OF A BIRTH 89716

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,



Report as to birth to the Commissioner of Health, in the manner and within the period above required, and any such person who fails to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other laws and forfeitures are recoverable.

be its attendances upon the mother, immediately thereafter, it shall become the duty of the parents or persons of such child to
or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten dollars
for each offence to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st.
1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) white
3. Date of Birth, Nov. 1, 1886
4. Place of Birth, (Street and Number) 78 Luzerne St.
5. Full Name of Mother, Mena Jones
6. Mother's Maiden Name, Mena Stockmann
7. Mother's Birthplace, Balto.
8. Full Name of Father, Maximilian Jones
9. Father's Occupation, Laborer
10. Father's Birthplace, Balto.
- Name of Medical Attendant, or other Person who makes this Return, Mary L. Swaine
- Address, 59 Luzerne St.
- Remarks, _____

In the attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (\$10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH ^{89'14}

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *3d*
1. Sex, (state whether male or female) *Female*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *Nov. 1891*
4. Place of Birth, (Street and Number) *No. 134 E. Baltimore St.*
5. Full Name of Mother, *M. H. Hall*
6. Mother's Maiden Name, *Schell*
7. Mother's Birthplace, *Prussia*
8. Full Name of Father, *Otto H. Hall*
9. Father's Occupation, *Bookbinder*
10. Father's Birthplace, *Prussia*
- Name of Medical Attendant, or other Person who makes this Return, *Amos George*
- Address, *No. 634 E. Light St.*
- Remarks,

report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

89719

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

Colored

3. Date of Birth,

Nov 1st

4. Place of Birth, (Street and Number)

64 Myrtle Ave

5. Full Name of Mother,

Marcella A Weaver

6. Mother's Maiden Name,

7. Mother's Birthplace,

Baltimore city

8. Full Name of Father,

James Henry Potter

9. Father's Occupation,

Cookman

10. Father's Birthplace,

New York

Name of Medical Attendant, or other Person who makes this Return.

Annie Johnson

Address,

710 Lyson St

Remarks,



RETURN OF A BIRTH 89720

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) male

2. Race or Color, (if not of the white race) Colored

3. Date of Birth. Nov 1st

4. Place of Birth, (Street and Number) 922 Lyon street

5. Full Name of Mother. Ida Bundy

6. Mother's Maiden Name, Barnes

7. Mother's Birthplace, Baltimore City

8. Full Name of Father, John M. Bundy

9. Father's Occupation, Driver

10. Father's Birthplace, Essex Co. Virginia

Name of Medical Attendant, or other Person who makes this Return. Annie Johnson

Address, 710 Lyon st

Remarks,



Report the birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

89121

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

6th Child

1. Sex, (state whether male or female)



2. Race or Color, (if not of the white race)

White

3. Date of Birth,

1st of November 1886

4. Place of Birth, (Street and Number)

449 E. Fayette and Washington

5. Full Name of Mother,

Amelia Eichenbrod.

6. Mother's Maiden Name,

Amelia Blatz.

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Ambrose Blatz

9. Father's Occupation,

Tavern Keeper

10. Father's Birthplace,

Germany

Name of Medical Attendant, or other Person who makes this Return.

Crescentia Kunkel

Address,

213 North Chapel street per Justina Kunkel

Remarks,

Healthy.

Persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

GIVEN NAME ADDED 7-8-86 89722

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *7th* *Louis Mertz*

1. Sex, (state whether male or female) *Boy*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *1st of November 1886*

4. Place of Birth, (Street and Number) *2,010 East Fayette Street*

5. Full Name of Mother, *Katie Meise*

6. Mother's Maiden Name, *Katie Mertz*

7. Mother's Birthplace, *Baltimore*

8. Full Name of Father, *Louis Mertz*

9. Father's Occupation, *Gitter*

10. Father's Birthplace, *Baltimore*

Name of Medical Attendant, or other Person who makes this Return, *Crescentia Kunkel*

Address, *213 North Chapel Street per Justina Kunkel*

Remarks, *Healthy*

The Registrar of Vital Statistics, Board of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

GIVEN NAME ADDED 6-29-53

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Edna Lewis Mills, Jr.

1. S.x. (state whether male or female) _____

Female

2. Race or Color, (if not of the white race)

White

- 3.
- Date of Birth.*

Nov / 21 / 1886

- 4.
- Place of Birth.*
- (Street and Number)

605 Light st

- 5.
- Full Name of Mother.*

Mary Mills

- 6.
- Mother's Maiden Name.*

Mary Jenkins

- 7.
- Mother's Birthplace.*

Baltimore

8. *Full Name of Father.*

John Mills

9. *Father's Occupation.*

Captain Steamboat

- U. *Father's Birthplace,*

Maryland

Name of Medical Attendant.

or other Person who
makes this Return

May, B A Lewis

Address.

162 Harmonist

Remarks.



RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether male or female),

2. Race or Color (if not of the white race),

3. Date of Birth,

4. Place of Birth (Street and Number),

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks,

male

Nov. 1st

12 Duncan Alley

Kate Bern

KARACEK

Bohemian

John Bern

Brickman

Bohemian

Josephine Conrad
20 Barnes St

the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

report its birth to the Commissioner of Health, in the manner and within the period above required, and or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

GIVEN NAME ADDED 2-11-52

89725

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: *Grace Frank Hull*
No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2nd*

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

3. Date of Birth,

Nov. 1, 1886

4. Place of Birth, (Street and Number)

2 E. Can. Enslin & Co.

5. Full Name of Mother,

Alberta Hull

6. Mother's Maiden Name,

Schuler

7. Mother's Birthplace,

Canoll Co. Md

8. Full Name of Father,

Amos Hull

9. Father's Occupation,

Shelwright

10. Father's Birthplace,

Canoll Co. Md

Name of Medical Attendant, or other Person who makes this Return

Edward P. McDevitt

Address,

24 Weymouth St. O. Harbor

Remarks,



the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (\$10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether male or female),

2. Race or Color (if not of the white race),

3. Date of Birth,

4. Place of Birth (Street and Number),

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks,

1st
Male

November 1st 1886

365 N. Durban St.

Marie Matejovsky

Barbours

Bohemia

Thomas Matejovsky

Tailor

Bohemia

Josephine Conner
203 Anne

report his birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

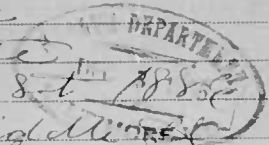
RETURN OF A BIRTH

Sum
8477

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name of Child: Joseph Francis Keelan
No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) male
 2. Race or Color, (if not of the white race) white
 3. Date of Birth, Nov 18th 1885
 4. Place of Birth, (Street and Number) 197 Biggsville St
 5. Full Name of Mother, Helen (Carrie) Keelan
 6. Mother's Maiden Name, Kelly
 7. Mother's Birthplace, Balto
 8. Full Name of Father, Vincent Keelan
 9. Father's Occupation, Carpenter
 10. Father's Birthplace, Balto
- Name of Medical Attendant, or other Person who makes this Return, Mrs. C. Meservey
Address, 23 Mather St
Remarks,



RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *5*

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

3. Date of Birth,

Nov 1 - 1886

4. Place of Birth, (Street and Number)

2237 Eastern Avenue

5. Full Name of Mother,

Lina Parker

6. Mother's Maiden Name,

Boyer

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Albert Parker

9. Father's Occupation,

Brick-Layer

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return

Mary Stein

Address,

1427 E Pratt St

Remarks,

report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.



RETURN OF A BIRTH

89729

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race)

3. Date of Birth, Nov 1 - 1886

4. Place of Birth, (Street and Number) 208 Little Gough St

5. Full Name of Mother, Lizzie Soenges

6. Mother's Maiden Name, Urban

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Fredrick Soenges

9. Father's Occupation, Cann. Maker

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return, Mary Stein

Address, 1427 E. Pratt St.

Remarks,

report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons failing to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other laws and regulations are, recoverable.

RETURN OF A BIRTH 89730

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth, 7 November

4. Place of Birth, (Street and Number) St. John's

5. Full Name of Mother, Mrs. Mary Ann

6. Mother's Maiden Name, Jackson

7. Mother's Birthplace, Germany

8. Full Name of Father, James

9. Father's Occupation, Laborer

10. Father's Birthplace, Germany

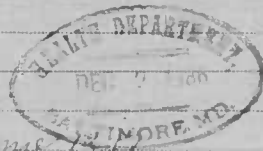
Name of Medical Attendant, or other Person who makes this Return

Miss Murch

Address,

No. 300 Seaboard St.

Remarks,



Report this birth to the Commissioner of Health, in the manner and within the period above required, and pay such fee as may be required. If the birth is not reported, or if the report is false, the person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 89731

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Fifth

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

Wh.

3. Date of Birth,

Nov. 2nd 1896

4. Place of Birth, (Street and Number)

2216 Gough St

5. Full Name of Mother,

Elizabeth Kegan

6. Mother's Maiden Name,

Shriver

7. Mother's Birthplace,

Germany

8. Full Name of Father,

Bernard Kegan

9. Father's Occupation,

Professor

10. Father's Birthplace,

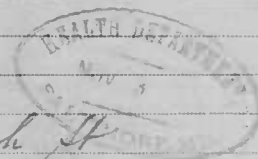
Ireland

Name of Medical Attendant, or other Person who makes this Return.

*E. B. Britton M.D.,
124 Broadway*

Address,

Remarks,



Report the birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons as shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 89732

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth November 12th 1886

4. Place of Birth, (Street and Number) No 2 William St

5. Full Name of Mother, Mary Norton

6. Mother's Maiden Name, Mary Benges

7. Mother's Birthplace, Baltimore

8. Full Name of Father, William Norton

9. Father's Occupation, Laborer

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return. Catharine Hornung

Address, No 18 Byrd St

Remarks,



Be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2nd*

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Nov 2nd 1884

4. Place of Birth, (Street and Number)

1065 N. Gay St

5. Full Name of Mother,

Sarah C. Schedenwald

6. Mother's Maiden Name,

Hales

7. Mother's Birthplace,

Baltimore Md

8. Full Name of Father,

A. C. Schedenwald

9. Father's Occupation,

Butcher Merchant

10. Father's Birthplace,

Germany

Name of Medical Attendant, or other Person who makes this Return.

Mr. B. B. Bellingham

Address,

228 C. Preston

Remarks,

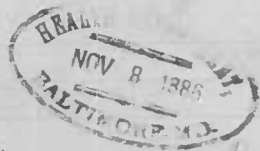
Be careful to fill out this form upon the mother immediately thereafter if said person is the father of such child, or person who is the mother of such child, in the manner and within the period there required by law. Any person who neglects to do so, or who furnishes false information, shall be subjected to the fine of ten (\$10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

897035

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.



1. ☒ Child of Mother, (state whether 1st, 2d, 3d, &c.)

Third

2. Sex, (state whether male or female)

Male

3. Race or Color, (if not of the white race)

White

4. Date of Birth,

November 2d.

5. Place of Birth, (Street and Number)

99 East Eager Street (New No. 73) Balto.

6. Full Name of Mother,

Mrs. Stephen J. Kilduff

7. Mother's Maiden Name,

Mrs. Carrie Huhn.

8. Mother's Birthplace,

Baltimore

9. Full Name of Father,

Stephen J. Kilduff

10. Father's Occupation,

Printer.

11. Mother's Birthplace,

Baltimore County

Name of Medical Attendant,

or other Person who makes this Return

Mrs. Nooden.

Address,

936 Greenmount Ave

Remarks,

RETURN OF A BIRTH.

89736

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

William Elmer Rollins

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

First

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth

Nov 2nd 1886

4. Place of Birth, (Street and Number)

*No 253 Bellow Ave
Elmer Shipley Rollins*

5. Full Name of Mother,

Ella Shipley

6. Mother's Maiden Name,

Balta

7. Mother's Birthplace,

8. Full Name of Father,

William Rollins

9. Father's Occupation,

Engineer

10. Father's Birthplace,

Balta

Name of Medical Attendant, or other Person who makes this Return.

Mrs Cothell

Address,

No 6 Montgomery St

Remarks,

GIVEN NAME ADDED. 8-14-53

h. m.

See instructions upon the inside of the preceding card. If the child is born at such time, place, or to such person as to require a license, the Registrar of Health, in the manner and within the period there specified, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subject to the fine of ten (10) dollars for each offence to be recovered as other laws and ordinances are recoverable.

RETURN OF A BIRTH ⁸⁹²³⁷

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

Female colored

3. Date of Birth,

Tuesday November 2 1886

4. Place of Birth, (Street and Number)

913 Jordan Alley

5. Full Name of Mother,

...

6. Mother's Maiden Name,

Fannie Larnish

7. Mother's Birthplace,

County

8. Full Name of Father,

William Lally

9. Father's Occupation,

Cypher shuter

10. Father's Birthplace,

Cambridge

Name of Medical Attendant, or other Person who makes this Return,

Lucy Larnish

Address,

906 Jordan Alley

Remarks,

See the attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of each child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH ⁸⁹⁷³⁸

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2nd*

1. Sex, (state whether male or female) *Female*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *Nov 2nd*

4. Place of Birth, (Street and Number) *11223 E. Pratt St.*

5. Full Name of Mother, *Mrs Mary Meyer*

6. Mother's Maiden Name, *Grauer*

7. Mother's Birthplace, *Baltimore*

8. Full Name of Father, *Chas Meyer*

9. Father's Occupation, *Cutter*

10. Father's Birthplace, *Germany*

Name of Medical Attendant, or other Person who makes this Return *My George K.*

Address, *155 Bond St*

Remarks,



be to attendance upon the mother, immediately thereafter it shall receive the duty of the person or persons of such child to report its birth to the Registrar of Vital Statistics, Board of Health, Baltimore City, and to the Registrar of the same for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

89439

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c) 5

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race) African

3. Date of Birth November 2 1886

4. Place of Birth (Street and Number) Sexton & Court 8

5. Full Name of Mother S Grace Turner

6. Mother's Maiden Name Grace Lee

7. Mother's Birthplace Baltimore City

8. Full Name of Father Nathan Turner

9. Father's Occupation Labor

10. Father's Birthplace Baltimore City

Name of Medical Attendant, or other Person who makes this Return. Julia A Johnson

Address 35 Wayne Street

Remarks

Write, in the spaces provided, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

report his birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other laws and ordinances are recoverable.

RETURN OF A BIRTH 89740

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7
1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) colored
3. Date of Birth, Tuesday Oct 31 1884
4. Place of Birth, (Street and Number) homely lane No 10 50
5. Full Name of Mother, hester bailey
6. Mother's Maiden Name, hester muthers
7. Mother's Birthplace, Baltimore City
8. Full Name of Father, Josiah bailey
9. Father's Occupation, laborer
10. Father's Birthplace, Kentucky
- Name of Medical Attendant, or other Person who makes this Return. Dr. J. C. Mott, M.D. 1151
- Address, No 10 Chestnut St 1151
- Remarks,

RETURN OF A BIRTH

89741

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

3rd

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Nov 2nd

4. Place of Birth, (Street and Number)

31 Washington Rd

5. Full Name of Mother,

Lizzie Baer

6. Mother's Maiden Name,

Lizzie Clene

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Henry Baer

9. Father's Occupation,

Shoemaker

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return.

Mrs. Clever

Address,

24 Columbia Ave

Remarks,



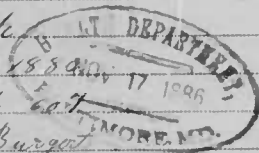
Report the birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of \$10 (ten dollars) for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 89742

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Third Child*
1. Sex, (state whether male or female) *Male*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *No 2 " 1889 Nov 17 1896*
4. Place of Birth, (Street and Number) *Port st East*
5. Full Name of Mother, *Mary Buzgott*
6. Mother's Maiden Name, *Mary Bobier*
7. Mother's Birthplace, *Baltimore*
8. Full Name of Father, *Charles B Bobier*
9. Father's Occupation, *Brick Layer*
10. Father's Birthplace, *Baltimore*
- Name of Medical Attendant, or other Person who makes this Return, *Mr Wilg*
- Address, *No 611 Patterson Park*
- Remarks,



89743

use in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report his birth to the Commissioner of Health, (in the manner and within the period above required), and any such person who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

- DEPARTMENT
17

RETURN OF A BIRTH 89' 114

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female)

Two Girls

2. Race or Color, (if not of the white race)

Colored

3. Date of Birth,

Nov. 2

4. Place of Birth, (Street and Number)

1129 Hulls Lane

5. Full Name of Mother,

Sarah Smith

6. Mother's Maiden Name,

Sarah Johnson

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Joseph Smith

9. Father's Occupation,

Salor

10. Father's Birthplace,

Balto

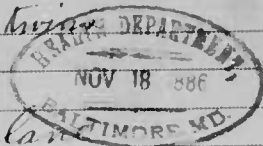
Name of Medical Attendant, or other Person who makes this Return.

Harriet Causton

Address,

1016 Douglass St.

Remarks,



Report the birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered by other dues and forfeitures are recoverable.

RETURN OF A BIRTH 89745

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

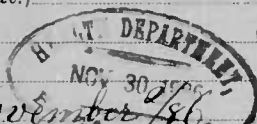
9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,



Male

November 26

No 45 Chappel St.

Marie Blum

Carter

Baltimore

John Blum

Machinist

Baltimore

Mrs. Louise Kraft

No 405 Washington St.

Report the birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

89416

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

4

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Nov 2

4. Place of Birth, (Street and Number)

Car Baltimore

5. Full Name of Mother,

Anne Mack

6. Mother's Maiden Name,

Anne Weigant

7. Mother's Birthplace,

Beirn

8. Full Name of Father,

Charles Mack

9. Father's Occupation,

Blacksmith

10. Father's Birthplace,

Baltimore City

Name of Medical Attendant, or other Person who makes this Return

Address,

Mrs. Seebach 439 West Pratt St

Remarks,

reports its birth to the Commissioner of Health, in the manner and within the period above required, and any such person who fails to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other laws and ordinances are recoverable.

RETURN OF A BIRTH 89747

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,

LT DEPARTMENT

Nov 9 - 1898

1118 E Pratt St

Rebecca Hekel

Ware

Baltimore

Fredrick W. Hekel

Clerk

Baltimore

Mary Stein

1427 E Pratt St.

or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

89748

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

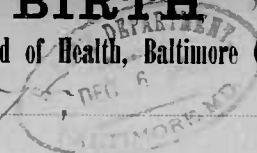
9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,



report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

White
Nov. 2/98
106 N. Green St.
Mary Baltimore
" " " " " "
Baltimore Md
Mr. Baltimore
Mechanic
Baltimore Md
Dr. J. L. Smith
357 N. Lombard St.

RETURN OF A BIRTH 89749

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

4

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

3. Date of Birth,

Nov 2nd

4. Place of Birth, (Street and Number)

92 S. State St

5. Full Name of Mother,

Maggie C Miller

6. Mother's Maiden Name,

Maggie C Rawn

7. Mother's Birthplace,

Baltimore City

8. Full Name of Father,

H W Miller

9. Father's Occupation,

Sergeant

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return

Miss Munch

Address,

1050 Seadenhall St.

Remarks,



or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH ⁸⁹⁷⁵⁰

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3^d Child.
1. Sex, (state whether male or female) Male.
2. Race or Color, (if not of the white race) _____
3. Date of Birth, Nov. 2^d 1886.
4. Place of Birth, (Street and Number) 184 William St.
5. Full Name of Mother, Mary A. Wagner.
6. Mother's Maiden Name, " Rupert.
7. Mother's Birthplace, Balto. City.
8. Full Name of Father, John G. Wagner.
9. Father's Occupation, machinist.
10. Father's Birthplace, Balto City.
- Name of Medical Attendant, or other Person who makes this Return, R. J. H. Tall. M.D.
- Address, 152 Sharp St.
- Remarks, _____



Report the birth in the "Contaminator of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH ⁸⁹⁷⁵¹

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) Dollars for each offense to be recovered as other fines and forfeitures are recoverable.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *First,*
1. Sex, (state whether male or female) *Female,*
2. Race or Color, (if not of the white race) *White,*
3. Date of Birth, *Nov. 2d, 1896.*
4. Place of Birth, (Street and Number) *Maryland, 113 & 115 W. Lombard St.*
5. Full Name of Mother, *Mary Roberts,*
6. Mother's Maiden Name, *D.O.*
7. Mother's Birthplace, *Maryland,*
8. Full Name of Father, *—*
9. Father's Occupation, *—*
10. Father's Birthplace, *—*
- Name of Medical Attendant, or other Person who makes this Return. *L. F. Arkison M.D.*
- Address, *113 & 115 W. Lombard St.*
- Remarks, *—*

RETURN OF A BIRTH ⁸⁹⁷⁵²

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) Colored

3. Date of Birth, 3rd November

4. Place of Birth, (Street and Number) No 39 Stark Hallin Street

5. Full Name of Mother, Mary Marshall

6. Mother's Maiden Name, Mary Matthews

7. Mother's Birthplace, St. Landry County

8. Full Name of Father, Joshua Marshall

9. Father's Occupation, Farmer

10. Father's Birthplace, Baltimore City

* Name of Medical Attendant, or other Person who makes this Return, Levin G. Kils

Address, 21 Stark Hallin Street

Remarks,

As an advertisement upon the mother, immediately thereafter it shall become the duty of the person or persons of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 89753

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7 seventh child

1. Sex, (state whether male or female) male

2. Race or Color, (if not of the white race) white race

3. Date of Birth, 3rd of November

4. Place of Birth, (Street and Number) Carrollton Ave. No. 30

5. Full Name of Mother, Margareth Barbara Kaiser

6. Mother's Maiden Name, Nicklas

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Ambrose Kaiser

9. Father's Occupation, Laborer

10. Father's Birthplace, Catonsville Baltimore county Md.

Name of Medical Attendant, or other Person who makes this Return, Mrs. Hunter.

Address, 21 W. Pappellon St.

Remarks,

Report to the Registrar of Health, in the manner and within the period above specified, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of \$10 dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 89755

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st Child

1. Sex, (state whether ~~male~~ female)

2. Race or Color, (if not of the white race) White

3. Date of Birth, November the 3, 1886

4. Place of Birth, (Street and Number) N. Gay St. No. 1046

5. Full Name of Mother, Rosa Duff

6. Mother's Maiden Name, Rosa Breckard

7. Mother's Birthplace, Baldw. City

8. Full Name of Father, Charles Duff

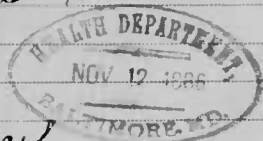
9. Father's Occupation, Laborer

10. Father's Birthplace, Baldw. City

Name of Medical Attendant, or other Person who makes this Return.

Address, N. Dallas St. No. 114

Remarks,



RETURN OF A BIRTH

89756

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2nd*

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *Nov 5 1891*

4. Place of Birth, (Street and Number) *13 W. 1st St. N. W.*

5. Full Name of Mother, *Winnie Mumfeld*

6. Mother's Maiden Name, *Callahan*

7. Mother's Birthplace, *Baltimore*

8. Full Name of Father, *Leopold Mumfeld*

9. Father's Occupation, *Tobacco Dealer*

10. Father's Birthplace, *Baltimore*

Name of Medical Attendant, or other Person who make this return, *Theodore C. De Mott*

Address, *11th Street N. W.*

Remarks,

Birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall be guilty of neglecting to do so shall be liable to a fine of ten (10) dollars for each offense to be recovered as other laws and ordinances are recoverable.

RETURN OF A BIRTH

89757

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6
1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) _____
3. Date of Birth, 3rd of November
4. Place of Birth, (Street and Number) 180 Gough St.
5. Full Name of Mother, Catherine Hinkel (180 Gough St.) married _____
6. Mother's Maiden Name, Catherine M. Kray
7. Mother's Birthplace, Baltimore
8. Full Name of Father, George Hinkelman
9. Father's Occupation, Machinist
10. Father's Birthplace, Baltimore
- Name of Medical Attendant, or other Person who makes this Return. Sarah Casper
- Address, 72 E. Lombard St.
- Remarks, _____

Birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person so present to report its birth to the Commissioner of Health, and any such person who fails to do so shall be liable to a fine of ten (10) dollars for each offense to be recovered in other fines and forfeitures are recoverable.

RETURN OF A BIRTH 89758

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

4

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

3. Date of Birth,

Nov. 3rd

4. Place of Birth, (Street and Number)

49 Granby

5. Full Name of Mother,

Lizzie Grogan

6. Mother's Maiden Name,

Morann

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Michael Grogan

9. Father's Occupation,

Labourer

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return.

Sarah Cooper

Address,

72 E. Lombard

Remarks,

birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should so other person be in attendance upon the mother, the latter shall become the duty of the person or persons of such child to be in attendance upon the mother, to file a return of the birth of such child, in the manner and within the period above required, and any such person or persons who shall hereunder fail to comply with the provisions of this section, shall be subject to the fine of ten (10) dollars for each offense to be recovered as other laws and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2nd*

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *Nov 3rd 1886*

4. Place of Birth, (Street and Number) *38 Mc Ebery St*

5. Full Name of Mother, *Elizabeth Bentzel*

6. Mother's Maiden Name, *" Mother*

7. Mother's Birthplace, *Balto*

8. Full Name of Father, *Henry J Bentzel*

9. Father's Occupation, *Paper Hanger*

10. Father's Birthplace, *Balto*

Name of Medical Attendant, or other Person who makes this Return. *Mrs Julia Green*

Address, *940 N Gay St*

Remarks,

Birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall fail to comply with the provisions of this section, shall be subject to the fine of ten (10) dollars for each offense to be recovered.

See the attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subject to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 89760

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th

1. Sex, (state whether male or female) male

2. Race or Color, (if not of the white race) white

3. Date of Birth, Nov 30 1886

4. Place of Birth, (Street and Number) new No 15 26 Charles St

5. Full Name of Mother, Mary Ellen

6. Mother's Maiden Name, Mary Spickels

7. Mother's Birthplace, Balt city and

8. Full Name of Father, Robert Ellen

9. Father's Occupation, Cutter

10. Father's Birthplace, Balt city and

Name of Medical Attendant, or other Person who makes this Return, C. Hinton

Address, new No 15 26 Charles St

Remarks,



RETURN OF A BIRTH 89761

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *the 8 Child*
1. Sex, (state whether male or female) *Female*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *3rd Day of November 1889*
4. Place of Birth, (Street and Number) *B. No. 833 W Pratt St*
5. Full Name of Mother, *Ellen Crooken*
6. Mother's Maiden Name, *Ellen Mc Hugh*
7. Mother's Birthplace, *Ireland*
8. Full Name of Father, *Nelson T. Crooken*
9. Father's Occupation, *Painter*
10. Father's Birthplace, *Baltimore City*
- Name of Medical Attendant, or other Person who makes this Return *Mrs. Guback*
- Address, *439 West Pratt St*
- Remarks,

report the birth to the Commissioner of Health, in the manner and within the period above required, and any such person who fails to do so shall be liable to a fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

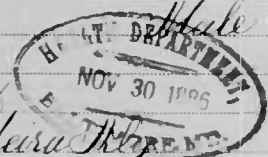
89762

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

8

1. Sex, (state whether male or female)



2. Race or Color, (if not of the white race)

3. Date of Birth,

Nov. 3/86

4. Place of Birth, (Street and Number)

N 407 Madeira Street

5. Full Name of Mother,

State Wieland

6. Mother's Maiden Name,

Stark

7. Mother's Birthplace,

Germany

8. Full Name of Father,

William Wieland

9. Father's Occupation,

Laborer

10. Father's Birthplace,

Germany

Name of Medical Attendant, or other Person who makes this Return.

Mrs. Louise Kraft

Address,

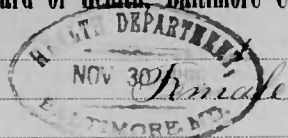
Remarks,

RETURN OF A BIRTH

89763

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)



1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

November 3/86

4. Place of Birth, (Street and Number)

No 220 S. Bondstreet

5. Full Name of Mother,

Anna Millick

6. Mother's Maiden Name,

Kohabinsky

7. Mother's Birthplace,

Polesz

8. Full Name of Father,

Michael Millick

9. Father's Occupation,

Laborer

10. Father's Birthplace,

Polen

Name of Medical Attendant, or other Person who makes this Return.

Mrs. Louise Straff

Address,

No 405 S. Washington St.

Remarks,

Persons who furnish false information to the Registrar of Vital Statistics, or who fail to comply with the provisions of this section, shall be subjected to the fine of five (\$5) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 89764

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 128

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Nov 3/86

4. Place of Birth, (Street and Number)

627 Columbia

5. Full Name of Mother,

May A. Dobson

6. Mother's Maiden Name,

Brook

7. Mother's Birthplace,

Va

8. Full Name of Father,

Joseph H Dobson

9. Father's Occupation,

Stone, Mountain

10. Father's Birthplace,

Va

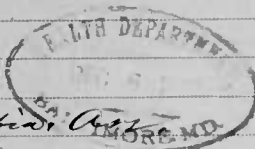
Name of Medical Attendant, or other Person who makes this Return.

J. D. Blake

Address,

Remarks,

report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.



RETURN OF A BIRTH ⁸⁹⁷⁶⁵

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, Nov 3/86

4. Place of Birth, (Street and Number) 71 Walker St

5. Full Name of Mother, Charlotte A Nickles

6. Mother's Maiden Name, Morrison

7. Mother's Birthplace, city

8. Full Name of Father, Edward A Nickles

9. Father's Occupation, House Carpenter

10. Father's Birthplace, city

Name of Medical Attendant, or other Person who makes this Return. Geo D Blake

Address, _____

Remarks, _____

report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 89966

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3m

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Nov 2/80

4. Place of Birth, (Street and Number)

26 H Lee

5. Full Name of Mother,

Georgia A Warren

6. Mother's Maiden Name,

Taylor

7. Mother's Birthplace,

Pa

8. Full Name of Father,

Mr. W. Warren

9. Father's Occupation,

Cigar Maker

10. Father's Birthplace,

City

Name of Medical Attendant, or other Person who makes this Return.

Mr. D. Black

Address,

Remarks,



Report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall neglect or fail to do so, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 89767

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race)

3. Date of Birth, 11th mo 3^d - 1886

4. Place of Birth, (Street and Number) 119 S. High St.

5. Full Name of Mother, Joseph C. Turner

6. Mother's Maiden Name, Turner

7. Mother's Birthplace, Prussia

8. Full Name of Father, Joseph H. Turner

9. Father's Occupation, Engineer

10. Father's Birthplace, Prussia

Name of Medical Attendant, or other Person who makes this Return. Dr. H. H. Miller

Address, 287 (W.) S. High St.

Remarks,



Report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each failure to be recovered as other laws and ordinances are enforceable.

report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other laws and forfeitures are recoverable.

RETURN OF A BIRTH 89/68

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, Nov 3rd 1888

4. Place of Birth, (Street and Number) Cor Daniel Hillory

5. Full Name of Mother, Annie Price

6. Mother's Maiden Name, Werner

7. Mother's Birthplace, Germany

8. Full Name of Father, Joe Price

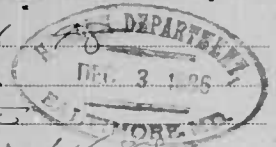
9. Father's Occupation, Driver

10. Father's Birthplace, Balto

Name of Medical Attendant, or other Person who makes this Return Mrs C. W. W. W.

Address, 609 Prospect St

Remarks, _____



RETURN OF A BIRTH

89464

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

11.

1. Sex, (state whether male or female)

Girl

2. Race or Color, (if not of the white race)

Caucasian

3. Date of Birth,

Mar 31 1886

4. Place of Birth, (Street and Number)

Publicy St. No. 5

5. Full Name of Mother,

Mary Scribner

6. Mother's Maiden Name,

Sumner

7. Mother's Birthplace,

Sumner Co. Md

8. Full Name of Father,

Peter Scribner

9. Father's Occupation,

Laborer

10. Father's Birthplace,

Annapolis Co. Md

Name of Medical Attendant, or other Person who makes this Return.

Mrs.

Address,

Mrs Anne Butler no 942 Ave St

Remarks,

Child born well

Be in attendance upon the mother immediately thereafter it shall become the duty of the person or persons of such child, to report its birth to the Registrar of Vital Statistics, within the period above required, and any such person who fails to do so shall be liable to a fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

89 771

and, in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child, to see that such child is taken to the Commission on Health, in the manner and within the period above required, and any such person who fails to do so shall be subject to a fine of not less than \$100 nor more than \$500, and any such person or persons who shall be so liable to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

Remarks,



RETURN OF A BIRTH 89771

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth.

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,

Second
Female
White
DEC 3
Baltimore, Md.

Nov. 3rd - 1896
723 Lexington St.
Lore, E. Knight
Taylor

Paris, Illinois

Granville E. Knight

Planter

Baltimore

M. J. Linn

701 Light St.

fine child

RETURN OF A BIRTH 84772

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female) *Female*

2. Race or Color, (if not of the white race) *Colored*

3. Date of Birth, *Nov 3 One month before Sunday*

4. Place of Birth, (Street and Number) *78 Wellesley St.*

5. Full Name of Mother, *Mary E. Gray*

6. Mother's Maiden Name, *Goldberg*

7. Mother's Birthplace, *Baltimore Md.*

8. Full Name of Father, *Thomas Goldberg*

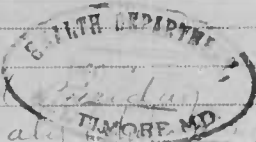
9. Father's Occupation, *Cigar Maker*

10. Father's Birthplace, *Baltimore Caroline Street*

Name of Medical Attendant, or other Person who makes this Return. *Mary E. Gray*

Address, *78 Wellesley St.*

Remarks,



Report its birth to the Commissioner of Health, in the manner and within the period here required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each infraction to be recovered as other fines and forfeitures are recoverable.

be in attendance upon the mother immediately thereafter it shall become the duty of the person or persons of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other laws and ordinances are recoverable.

RETURN OF A BIRTH 89773

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Nov. 4th 1886

4. Place of Birth, (Street and Number)

146 Sarah Ann St

5. Full Name of Mother,

Mary Louisa Guelthlein

6. Mother's Maiden Name,

Mary Louisa Neig

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Frank Matthews Guelthlein

9. Father's Occupation,

Shoe Maker

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return

Susan Stewart

Address,

21 W P Pippelton St

Remarks,



RETURN OF A BIRTH.

89774

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

2nd Child

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth

Nov 4th 1886

4. Place of Birth, (Street and Number)

1444 E. Baltimore St

5. Full Name of Mother,

Mary E Shuler

6. Mother's Maiden Name,

Vogelges. ing.

7. Mother's Birthplace,

Alexandria Va.

8. Full Name of Father,

Jos. A. Shuler.

9. Father's Occupation,

Butcher.

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return.

Ann Boesman

Address,

No. 10 S. Eden St

Remarks,

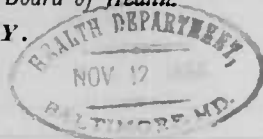


Report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

89775

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *4*

1. Sex (state whether Male or Female) *Male*

2. Race or Color (if not of the white race) *Col*

3. Date of Birth *Nov 4 1886*

4. Place of Birth (Street and Number) *# 80 Pierce St*

5. Full Name of Mother *Laura Virginia Derriks*

6. Mother's Maiden Name *Frederick M^m*

7. Mother's Birthplace *Joshua R Derriks*

8. Full Name of Father *Patton*

9. Father's Occupation *Batt^e Md*

Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return. *Mrs Jane D. Laster*

Address *# 17 Hamilton St. City*

Remarks

of the parents, and the maiden name of the mother of such child or children.

report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person who fails to do so shall be liable to a fine of ten dollars for each offense to be recovered as other fines and forfeitures are recoverable.

CITY NAME ADDED 12-10-56
RETURN OF A BIRTH 89716

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Harry Henry Hecker
No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

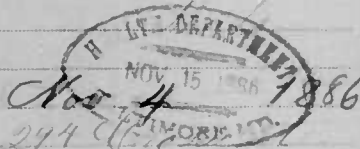
9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this return.

Address,

Remarks,



Heckler
Heckler
Germany
Harry Hecker
Driver
Germany

J. L. ...
...

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. *Date of Birth*

4. *Place of Birth, (Street and Number)*

5. Full Name of Mother, ..

6. *Mother's Maiden Name,*

7. *Mother's Birthplace,*

8. *Full Name of Father,*

9. *Father's Occupation,*

10. *Father's Birthplace,*

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,

in the case of a child born to a woman who is a prostitute or a person of bad character, or should no other person be present at the birth, the mother, immediately thereafter, shall become the party on behalf of such child, to report its birth to the Commissioner of Health, in the manner and within the time above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars, for each offence to be recovered as hereinafter provided, and forfeitures are recoverable.

Be ascertained upon the mother, nurse, or other person, or persons of such child, to
give birth to, or to the mother, nurse, or other person, or persons of such child, to
or persons who shall hereafter fall to comply with the provisions of this section, shall be subjected to the fine of ten (\$10) dollars
for each offence to be recovered as other fines and forfeitures are recoverable.

GIVEN NAME ADDED 10-29-58

RETURN OF A BIRTH.

89718

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

George Augustus Broad
No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *Fourth*

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth

November 4th 1886

4. Place of Birth, (Street and Number)

No. 66 Levittland St

5. Full Name of Mother,

Jessie Broad

6. Mother's Maiden Name,

Heamilton

7. Mother's Birthplace,

England

8. Full Name of Father,

Josiah Broad

9. Father's Occupation,

Book keeper

10. Father's Birthplace,

England

Name of Medical Attendant, or other Person who makes this Return.

John Morris, M.D.

Address,

No. 118 Franklin St.

Remarks,



report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

89779

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Nov 27 1885

4. Place of Birth, (Street and Number)

No 9 Carey St

5. Full Name of Mother,

Mary Gardiner

6. Mother's Maiden Name,

Burrs

7. Mother's Birthplace,

New York

8. Full Name of Father,

Joseph Gardiner

9. Father's Occupation,

Not Known

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return.

Mrs Julia Green

Address,

940 Carey St

Remarks,

RETURN OF A BIRTH.

89780

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth Nov 4th

4. Place of Birth, (Street and Number) 512 Shippard St

5. Full Name of Mother, Mrs. Kate Lang

6. Mother's Maiden Name, Embold

7. Mother's Birthplace, Cal

8. Full Name of Father, John J. Lang

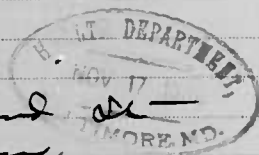
9. Father's Occupation, Plumber

10. Father's Birthplace, Cal

Name of Medical Attendant, or other Person who makes this Return, W. Hill Esq

Address, 1001 Edmondson Ave

Remarks,



be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other dues and forfeitures are recoverable.

report the birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

89781

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1

1. Sex, (state whether male or female)

boy

2. Race or Color, (if not of the white race)

Colored

3. Date of Birth,

Nov 4

4. Place of Birth, (Street and Number)

316 Lewis street

5. Full Name of Mother,

Sarah White

6. Mother's Maiden Name,

Sarah Robison

7. Mother's Birthplace,

Virginia

8. Full Name of Father,

James Robison

9. Father's Occupation,

Labor

10. Father's Birthplace,

Virginia

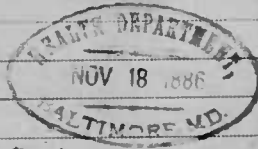
Name of Medical Attendant, or other Person who makes this Return.

Harriet Jackson

Address,

1016 Huglars street

Remarks,



RETURN OF A BIRTH 89782

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

3. Date of Birth,

Nov 4th

4. Place of Birth, (Street and Number)

519 Scott St

5. Full Name of Mother,

Annie Louisa Beels

6. Mother's Maiden Name,

Annie Louisa Weber

7. Mother's Birthplace,

Baltimore Md

8. Full Name of Father,

Chas Beels

9. Father's Occupation,

Polisher

10. Father's Birthplace,

London Eng

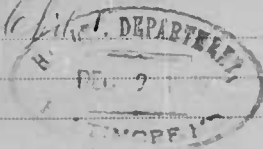
Name of Medical Attendant, or other Person who makes this Return

Annie Lindner

Address,

1100 S. Mount St

Remarks,



In accordance with the provisions of the Act of the General Assembly, passed March 22, 1892, relating to the registration of births and deaths, and the provisions of the Act of the General Assembly, passed March 22, 1892, relating to the registration of marriages, the undersigned, Registrar of Vital Statistics, Board of Health, Baltimore City, do hereby certify that the foregoing is a true and correct copy of the original record of the birth of the child named above, as the same appears in the records of the Office of the Registrar of Vital Statistics, Board of Health, Baltimore City.

RETURN OF A BIRTH

89783.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd child

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race)

3. Date of Birth, Nov 4 1886

4. Place of Birth, (Street and Number) 229 Eastern Ave

5. Full Name of Mother, Lizzy Kerme

6. Mother's Maiden Name, " " Anderson

7. Mother's Birthplace, City

8. Full Name of Father, William Kerme

9. Father's Occupation, Barber

10. Father's Birthplace, City

Name of Medical Attendant, or other Person who makes this Return, Lizzy Betty

Address, 120 Park St

Remarks,



report its birth to the Commissioner of Health, in the manner and within the period above specified, and any such person or persons who shall hereafter fail to do so, shall be liable to the fine of ten (10) dollars for each offense to be recovered as other laws and ordinances are recoverable.

RETURN OF A BIRTH ⁸⁹⁷⁸⁴

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *4th*

1. Sex, (state whether male or female) *Female*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *November 4th 1886*

4. Place of Birth, (Street and Number) *37 N Mount St*

5. Full Name of Mother, *Agnes M. Bird*

6. Mother's Maiden Name, *Sylvester*

7. Mother's Birthplace, *Maryland*

8. Full Name of Father, *Horace A. Bird*

9. Father's Occupation, *Salesman*

10. Father's Birthplace, *Maryland*

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,

*Same Joseph M.D.
134 N Euter St*



report, its facts to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 89785

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, 5th November

4. Place of Birth, (Street and Number) 469 W. Baltimore St.

5. Full Name of Mother, Christiana Elizabeth Wilk

6. Mother's Maiden Name, House

7. Mother's Birthplace, Europe

8. Full Name of Father, Christian Wilk

9. Father's Occupation, Butcher

10. Father's Birthplace, Baltimore City

Name of Medical Attendant, or other Person who makes this Return, Mrs. L. M. Menden

Address, 25 North Schumaker St.

Remarks,



Report live birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 89786

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

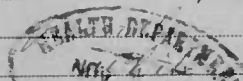
9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,



Baltimore 4th St. No. 31

Mary J. Johnson
Hylson

Washington

Thomas Harrison Johnson

laborer

Baltimore

Elizabeth Halloran

High St. No. 32

Report this birth to the Commissioner of Health, in the manner and within the period above required, and any such person who neglects to do so shall be liable to a fine of ten dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 89787

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *4th Child*

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *November 1st, 5, 1886*

4. Place of Birth, (Street and Number) *Oreston St. No. 162*

5. Full Name of Mother, *Anna Nichols*

6. Mother's Maiden Name, *Anna Wiedemeier*

7. Mother's Birthplace, *Balt^o City*

8. Full Name of Father, *Georg J. Nichols*

9. Father's Occupation, *Printer*

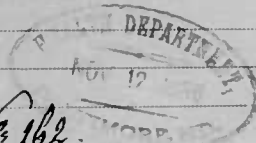
10. Father's Birthplace, *Balt^o City*

Name of Medical Attendant, or other Person who makes this Return, *Mary E. Muller*

Address, *McDermott St. No. 114*

Remarks,

report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.



RETURN OF A BIRTH. 89788.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth November 5th 1880

4. Place of Birth, (Street and Number) 722. Homover st

5. Full Name of Mother, Julie Whienhold

6. Mother's Maiden Name, Julie Dinn

7. Mother's Birthplace, Germany

8. Full Name of Father, August Whienhold

9. Father's Occupation, Labourer

10. Father's Birthplace, Germany

Name of Medical Attendant, or other Person who makes this Return. Katharine Thormann

Address, N^o 18 Byrd st

Remarks, _____

be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH ^{89.789}

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st*

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

Colored

3. Date of Birth,

November 5th

4. Place of Birth, (Street and Number)

64 South Bethel St.

5. Full Name of Mother,

Elmira E. Patterson

6. Mother's Maiden Name,

Elmira E. Swell

7. Mother's Birthplace,

54 South Dallas St.

8. Full Name of Father,

Alexander J. Patterson

9. Father's Occupation,

labourer

10. Father's Birthplace,

12 North Bethel St.

Name of Medical Attendant, or other Person who makes this Return,

Elizabeth Munday

Address,

65 South Bethel St.

Remarks,

Persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (\$10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 89790

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st
1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) white
3. Date of Birth 5th November 1886
4. Place of Birth, (Street and Number) 182 N. Schwedens
5. Full Name of Mother, Ide A. Masterson
6. Mother's Maiden Name, Ide Anna
7. Mother's Birthplace, Baltimore City
8. Full Name of Father, Theodore Masterson
9. Father's Occupation, Gun Broker
10. Father's Birthplace, B. C.
- Name of Medical Attendant, ^{or other Person who makes this Return.} J. Hamer Hill M.D.
- Address, 807 N. Arlington St
- Remarks, _____

Be it remembered, upon the making, immediately thereafter, it shall become the duty of the person or persons of each child, to be born in Baltimore City, to the Registrar of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subject to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 89791

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,

be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subject to the fine of ten (\$10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH ⁸⁹⁷⁹²

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st*

1. Sex, (state whether male or female) *male*

2. Race or Color, (if not of the white race) *Caucasian*

3. Date of Birth, *Nov 5 - 1884*

4. Place of Birth, (Street and Number) *297 Hoffmann street*

5. Full Name of Mother, *Elle Baran*

6. Mother's Maiden Name, *Elle Hopfelo*

7. Mother's Birthplace, *Baltimore*

8. Full Name of Father, *William Baran*

9. Father's Occupation, *Porter*

10. Father's Birthplace, *Baltimore*

Name of Medical Attendant, or other Person who makes this Return. *Heiter Lotzner*

Address, *new number) 434 W. Monument st.*

Remarks, *old number) 39*

report his birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to a fine of five (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.



RETURN OF A BIRTH.

89794

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) fourth

1. Sex, (state whether male or female) female

2. Race or Color, (if not of the white race) colored

3. Date of Birth Nov. 5, 1886.

4. Place of Birth, (Street and Number) 212 West St

5. Full Name of Mother, Margret Basell

6. Mother's Maiden Name, Margret Fullman

7. Mother's Birthplace, Tolbot County

8. Full Name of Father, Alexander Basell

9. Father's Occupation, Engineer

10. Father's Birthplace, Tolbot County

Name of Medical Attendant, or other Person who makes this Return. Abilla Brooks

Address, 218 Warner St

Remarks, Doing well.



in attendance upon the mother, immediately thereafter, if child becomes the duty of the person or persons of such child, to report the same to the Registrar of Vital Statistics, Board of Health, Baltimore City, in the manner and within the period above required, and any such person who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

89776

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *first child*

1. Sex, (state whether male or female) *female*

2. Race or Color, (if not of the white race) *white*

3. Date of Birth, *Friday a.m. Nov. 5th 1886*

4. Place of Birth, (Street and Number) *Bar No. 887 W. Fayette St*

5. Full Name of Mother, *Mathilde Schaefer*

6. Mother's Maiden Name, *Erck*

7. Mother's Birthplace, *St. Louis Mo.*

8. Full Name of Father, *John William Schaefer*

9. Father's Occupation, *Photographer*

10. Father's Birthplace, *Baltimore Md.*

Name of Medical Attendant, or other Person who makes this Return. *Mrs. Dummer*

Address, *Alt No. 60 W. Schroeder St. Balt. Md.*

Remarks,

Be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

89196

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2nd

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Apr 5th 1886

4. Place of Birth, (Street and Number)

162 Pottery Act

5. Full Name of Mother,

Amelie Solley

6. Mother's Maiden Name,

Amelie Starfield

7. Mother's Birthplace,

Dorchester Co

8. Full Name of Father,

Edw Goldsborough Solley

9. Father's Occupation,

Mariner

10. Father's Birthplace,

Dorchester Co

Name of Medical Attendant, or other Person who makes this Return.

R B Noble M.D.

Address,

307 Harmon av

Remarks,

For every birth reported, the registrar, municipal physician, or other person, shall receive the duty of the persons or parents of such child to report the birth to the Office of Health, in the manner and within the period above required, and any such person who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 89777

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

November 15, 1886

4. Place of Birth, (Street and Number)

688 W. Pratt St.

5. Full Name of Mother,

Bridget Citty

6. Mother's Maiden Name,

" Neughe

7. Mother's Birthplace,

Dublin Ireland

8. Full Name of Father,

Patrick Citty

9. Father's Occupation,

Laborer

10. Father's Birthplace,

Dublin Ireland

Name of Medical Attendant, or other Person who makes this Return.

Mrs. Hunter

Address,

21 N. Daffodil St.

Remarks,

report its birth to the Commissioner of Health, in the manner and within the period alone required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subject to the fine of five dollars for each offense to be recovered as other fines and forfeitures are recoverable.

to be attended upon the mother, immediately thereafter it shall become the duty of the person or persons of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

89798

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

Fourth

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth

November 5th, 1886

4. Place of Birth, (Street and Number)

No 102, S. Carroll St

5. Full Name of Mother,

Barab Raringstein

6. Mother's Maiden Name,

Bre, Braigis

7. Mother's Birthplace,

Prussia

8. Full Name of Father,

R. Raringstein

9. Father's Occupation,

Cigar Case Maker

10. Father's Birthplace,

Prussia

Name of Medical Attendant, or other Person who makes this Return.

Rebecca Christman

Address,

46 S. Caroline St

Remarks,



CERTIFICATE CORRECTED 3-27-52

RETURN OF A BIRTH

89799

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Bernard S. Appenheimer
 No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 11

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Nov 5, 1886
4. Place of Birth, (Street and Number) 5420 Pittman St
5. Full Name of Mother, Sarah G. Appenheimer
6. Mother's Maiden Name, " German
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Samuel Appenheimer
9. Father's Occupation, Wagon Driver
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return, Wm. H. H. H. H.

Address, 1612 Broadway

Remarks, Filed Nov. 8, 1886

Report by birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of \$100 (one hundred dollars) for each offense in the recovery of which fines and forfeitures are recoverable.

report the birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 89800

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

3rd Child

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Nov. 5/86

4. Place of Birth, (Street and Number)

187 Eough St.

5. Full Name of Mother,

Kate Henderson

6. Mother's Maiden Name,

" Bonday

7. Mother's Birthplace,

Balt.

8. Full Name of Father,

Joseph Henderson

9. Father's Occupation,

Clerk

10. Father's Birthplace,

Balt.

Name of Medical Attendant, or other Person who makes this Return.

Rev. Mansfield M.D.

Address,

50 Broadway

Remarks,



89801

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st - Frank Rosseter King

1. Sex (state whether male or female), male

2. Race or Color (if not of the white race), white

3. Date of Birth, Nov. 5, 1886.

4. Place of Birth (Street and Number), *old. no. 161 new no 161* *7th st*

5. Full Name of Mother, Mathe V. King

6. Mother's Maiden Name, Rossiter

7. Mother's Birthplace, *California*

8. Full Name of Father, Franklin King

9. Father's Occupation, *Lumber Merchant*

10. Father's Birthplace, Md

Name of Medical Attendant, or other person who makes this Return. *P. C. Williams mco*

Address, 201 Madison Ave

Remarks, for G. Lane. Tanager, hatched

Full name added by mother - Heldehn - Reg. 259 Madison Ave.
 Nov. 16 - 1937. 2 Virginia Ave. Mother

89502

in accordance with the number, amount, and value of the person or persons of such child to report its birth to the Commissioner of Health. In the manner and within the period above required, and pay such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Shale
White

White

5th of November

Baltimore Md. 9 Rock fl

Annie Catherine Sparks

Annie Catherine Dietrich

Baltimore Md.

George D. Shanks

Sanitor at Post Office

Baltimore Md. 16

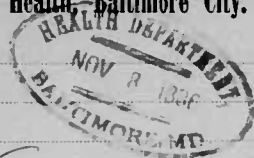
Mr. Sumner

for C. H. Richards. JH

W. & Co., City Printers and Stationers

RETURN OF A BIRTH 84803

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.



No. of Child of Mother, (~~state whether 1st, 2d, 3d, &c.~~)

1. Sex, (~~state whether male or female~~)

2. Race or Color, (~~if not of the white race~~)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Assistant, or other Person who makes this Return.

Address,

Remarks,

Nov 3^d 1886.
37. Ridgely St.
Elizabeth Vierick.
Elizabeth Loyitz.
Germany.
August Vierick.
Baker.
Germany.
John. D. Woods, M.D.
N. N. 662, N. 273. Lexington St.

See an attorney upon the matter, immediately thereafter it shall become the duty of the person or persons of such child, to be born, to file a return of the birth of such child, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 89804.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether male or female),

2. Race or Color (if not of the white race),

3. Date of Birth,

4. Place of Birth (Street and Number),

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks,



Any person who shall knowingly or negligently fail to report the birth of a child to the Registrar of Vital Statistics, or who shall knowingly or negligently fail to supply the provisions of this act, shall be liable for each offense, to be punished as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 89805

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 11

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race)

3. Date of Birth, Nov. 5 1886

4. Place of Birth, (Street and Number) 263 Eastern Ave

5. Full Name of Mother, Annie Walker

6. Mother's Maiden Name, " " Pillock

7. Mother's Birthplace, Germany

8. Full Name of Father, Frank Walker

9. Father's Occupation, Laborer

10. Father's Birthplace, Germany

Name of Medical Attendant, or other Person who makes this Return, Lizzy Beltz

Address, 120 Beltz

Remarks,



RETURN OF A BIRTH 89806

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *3 child*
1. Sex, (state whether male or female) *male*
2. Race or Color, (if not of the white race) *white*
3. Date of Birth, *6 Nov 6 1880*
4. Place of Birth, (Street and Number) *35 Stockton St. Baltimore Md*
5. Full Name of Mother, *Louisa Bertha Gommers*
6. Mother's Maiden Name, *Louisa Bertha Kelber*
7. Mother's Birthplace, *Baltimore MD*
8. Full Name of Father, *Andrew Gommers*
9. Father's Occupation, *Painter B & S*
10. Father's Birthplace, *Baltimore MD*
- Name of Medical Attendant, or other Person who makes this Return. *Mrs. D. D. D.*
- Address, *6 North Philadelphia*
- Remarks,

Report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall thereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as either civil and for defaulters are recovered.

RETURN OF A BIRTH ⁸⁹⁵⁰⁷

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Report this birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d
1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, April 1st 1890
4. Place of Birth, (Street and Number) Baltimore City
5. Full Name of Mother, Sallie Stewart
6. Mother's Maiden Name, Smith
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Charles Stewart
9. Father's Occupation, Waterman
10. Father's Birthplace, Thalidigass
- Name of Medical Attendant, or other Person who makes this Return, Elizabeth Hall
- Address, Post St. No. 432
- Remarks,

RETURN OF A BIRTH 89808

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *11th Child*
1. Sex, (state whether male or female) *Girl*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *at 6th of November 1886*
4. Place of Birth, (Street and Number) *237 2331 East Fayette Street*
5. Full Name of Mother, *Mary Carhop*
6. Mother's Maiden Name, *Mary Kane*
7. Mother's Birthplace, *Baltimore*
8. Full Name of Father, *James D. Kane*
9. Father's Occupation, *Police*
10. Father's Birthplace, *Baltimore*
- Name of Medical Attendant, or other Person who makes this Return, *Grescintia Kunkel*
- Address, *213 North Chapel Street per Justina Kunkel*
- Remarks, *Healthy*

Report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

report its birth to the Commissioner of Health, in the manner and within the period and under the penalty herein required, and any such person or persons who shall hereafter fail to comply with the provisions of this law, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other laws and ordinances are recoverable.

RETURN OF A BIRTH.

89809

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

2

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth

Mar 6 / 86

4. Place of Birth, (Street and Number)

184 Collington Ave

5. Full Name of Mother,

Emma Ward,

6. Mother's Maiden Name,

Albert.

7. Mother's Birthplace,

Balt

8. Full Name of Father,

Frederick T. Ward

9. Father's Occupation,

Merchant

10. Father's Birthplace,

Balt

Name of Medical Attendant,

or other Person who makes this Return.

Dr Morgan

Address,

315 N. Monument St

Remarks,

RETURN OF A BIRTH

89511

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, Feb 10

4. Place of Birth, (Street and Number) 422 29th Baltimore

5. Full Name of Mother, Mrs Rose Jackson

6. Mother's Maiden Name, " " Schatz

7. Mother's Birthplace, Baltimore

8. Full Name of Father, John Jackson

9. Father's Occupation, Clerk

10. Father's Birthplace, England

Name of Medical Attendant, or other Person who makes this Return, Dr. Gorky

Address, 455 S. Bond St

Remarks,

As in attendance upon the mother, immediately thereafter, it shall become the duty of the person or persons of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subject to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

89812

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) second

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Colored
3. Date of Birth Nov. 6, 1886
4. Place of Birth, (Street and Number) 1130 Warner St.
5. Full Name of Mother, Elenora Brady
6. Mother's Maiden Name, Elenora Smith
7. Mother's Birthplace, Calvert County
8. Full Name of Father, Israel Brady
9. Father's Occupation, Labor
10. Father's Birthplace, Calvert County

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,



In attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child, to report its birth to the Commissioner of Health, in the manner and within the time prescribed by the laws of this State, and if any person or persons who shall hereafter fail to comply with the provisions of this law, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

89813

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *4 Birth*
1. Sex, (state whether male or female) *female*
2. Race or Color, (if not of the white race) *white*
3. Date of Birth, *6 Decem^r 1886*
4. Place of Birth, (Street and Number) *Castel street No 31*
5. Full Name of Mother, *Lizi Bunde*
6. Mother's Maiden Name, *van Gilber*
7. Mother's Birthplace, *Baltimore*
8. Full Name of Father, *Joseph Bunde*
9. Father's Occupation,
10. Father's Birthplace, *Baltimore*
- Name of Medical Attendant, or other Person who makes this Return, *Mrs. Mauer*
- Address,
- Remarks, *Cent. Market Space No 15*



Report the birth to the Registrar of Health, in the manner and within the period above required, and any such person or persons who fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 89814

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

3rd

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

November, 1886

4. Place of Birth, (Street and Number)

Cocker St

5. Full Name of Mother,

Annie Parkinson

6. Mother's Maiden Name,

Annie Shelly

7. Mother's Birthplace,

Ireland

8. Full Name of Father,

William Parkinson

9. Father's Occupation,

Labourer

10. Father's Birthplace,

Ireland

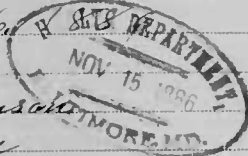
Name of Medical Attendant, or other Person who makes this Return.

Mrs Etzel

Address,

No 13 Cuba St

Remarks,



report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH ⁸⁹⁸¹⁵

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

3 Child

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

The 4 of November 1886

4. Place of Birth, (Street and Number)

No 179 East Enoch St.

5. Full Name of Mother,

Kate Hall

6. Mother's Maiden Name,

Kate Whillbush

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

John G Hall

9. Father's Occupation,

Shoemaker

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return.

Mr Ch. Lauer

Address,

No 173 Church Street

Remarks,

Bal Md 1886

RETURN OF A BIRTH, 89816.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

32

1. Sex (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth

Nov 6th 1884

4. Place of Birth, (Street and Number)

149 Mosher St

5. Full Name of Mother

Nattie W. Beall

6. Mother's Maiden Name

Nattie W. Gallaway

7. Mother's Birthplace

Baltimore Md

8. Full Name of Father

Lloyd H. Beall

9. Father's Occupation

Clerk

Father's Birthplace

Baltimore Md

Name of Medical Attendant,

or other Person who makes this Return.

James Baer M.D.

Address

Cor Arlington & Lafayette ave

Remarks

Name of the mother of such child or children.

RETURN OF A BIRTH ⁸⁹⁸¹⁷

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Anna M. E. Kamm 2nd
No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, Nov 6th

4. Place of Birth, (Street and Number) 1 Brown St

5. Full Name of Mother, Johanna Kamm

6. Mother's Maiden Name, Johanna Baush

7. Mother's Birthplace, Germany

8. Full Name of Father, John Kamm

9. Father's Occupation, Labour

10. Father's Birthplace, Germany

Name of Medical Attendant, or other Person who makes this Return. Mrs. Steyer

Address, 24 Columbia Ave

Remarks,



or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 89818

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

3rd Child

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

3. Date of Birth,

Nov 6th. 1886

4. Place of Birth, (Street and Number)

No 1933 Fremont St.

5. Full Name of Mother,

Lina Schmid

6. Mother's Maiden Name,

" Hack

7. Mother's Birthplace,

Hamberg Hesse

8. Full Name of Father,

Andrew Schmid

9. Father's Occupation,

Valuer

10. Father's Birthplace,

Bohren

Name of Medical Attendant, or other Person who makes this Return.

August Lindner

Address,

No 106 S. Mena St.

Remarks,



report its birth to the Commissioner of Health, in the manner and within the period above required, and pay such person for each offense to be recovered as other laws and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

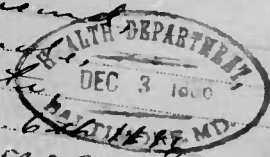
9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,



Sound
Female
White
Nov. 6 1900
Mother, 1114 115 W. Lombard St.
Lena. L. L. L.

D. J. L.
Maryland.

L. F. Pinkham, M.D.
113 & 115 W. Lombard St.

Report this birth to the Commissioner of Health, in the manner and within the period above required, and any such person who fails to do so, or who furnishes false information, shall be subject to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

89820

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether male or female),

2. Race or Color (if not of the white race),

3. Date of Birth,

4. Place of Birth (Street and Number),

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks,

1st
Male

Nov. 6
Horn St 10
Kete Miller
- Phil
Bohemia
George Miller
Laborer
Bohemia

Josephine Conrad
20 Barnes

RETURN OF A BIRTH

89821

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

6th

1. (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

6 Nov 1886

4. Place of Birth, (Street and Number)

372 McHenry St.

5. Full Name of Mother,

Maria Y. Riley

6. Mother's Maiden Name,

Lewis

7. Mother's Birthplace,

Balt.

8. Full Name of Father,

Samuel H. Riley

9. Father's Occupation,

Painter

10. Father's Birthplace,

Balt.

Name of Medical Attendant, or other Person who makes this Return

John Hood

Address,

1403 W. Fayette St.

Remarks,

RETURN OF A BIRTH 89122

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th
1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Jan 6th 1888
4. Place of Birth, (Street and Number) 197 Price St
5. Full Name of Mother, Minnie Enrich
6. Mother's Maiden Name, Malaiskie
7. Mother's Birthplace, Germany
8. Full Name of Father, Geo Enrich
9. Father's Occupation, Store Keeper
10. Father's Birthplace, Balto
- Name of Medical Attendant, or other Person who makes this Return, Mrs C. J. [unclear]
- Address, 107 N. [unclear]
- Remarks,

of persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH ^{89 123}

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Nov 6th 1881

BALTIMORE MD.

4. Place of Birth, (Street and Number)

Central ave No 1

5. Full Name of Mother,

Abbie Waters

6. Mother's Maiden Name,

" Kach

7. Mother's Birthplace,

Baltimore Md

8. Full Name of Father,

Phillip Waters

9. Father's Occupation,

Sailor

10. Father's Birthplace,

Germany

Name of Medical Attendant, or other Person who makes this Return.

Wm R. Kelley

Address,

1302 Highland

Remarks,

or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other laws and forfeitures are recoverable.

RETURN OF A BIRTH

898311

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Second Child

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Born November 4

1886

4. Place of Birth, (Street and Number)

No. 404 East Lombard St.

5. Full Name of Mother,

Mrs Mary Wilkerson

6. Mother's Maiden Name,

Miss Mary White

7. Mother's Birthplace,

Baltimore City

8. Full Name of Father,

Alexander Wilkerson

9. Father's Occupation,

Engineer

10. Father's Birthplace,

Baltimore City

Name of Medical Attendant, or other Person who makes this Return.

Mrs R. A. Gyles

Address,

65. Broad Street

Remarks,

formerly Mrs R. A. Gault

For persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *First Child*

RETURN OF A BIRTH 89826

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female) *male*

2. Race or Color, (if not of the white race)

3. Date of Birth, *November 6*

4. Place of Birth, (Street and Number) *No 352. S. Charles. St.*

5. Full Name of Mother, *Amelia Halicht*

6. Mother's Maiden Name, *Wickesser*

7. Mother's Birthplace, *Baltimore*

8. Full Name of Father, *Frank L Halicht*

9. Father's Occupation, *Shoemaker*

10. Father's Birthplace, *Baltimore*

Name of Medical Attendant, or other Person who makes this Return. *Wm. H. H. H.*

Address, *No 300 Seadenhall St.*

Remarks,



report the birth to the Commissioner of Health, in the manner and within the period above required, and any such person who fails to do so shall be liable to a fine of ten (10) dollars for each offense to be recovered as other laws and forfeitures are recoverable.

or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,

Fourth

Female

White

November 6, 1886

Home street

Larah Bell

Larah Bell

Ireland

Benjamin Bell

Laborer

Ireland

Mrs. Sarah Sullivan

104 Linsley street corner

RETURN OF A BIRTH.

89828

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

Sixth

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

3. Date of Birth

Nov 7th 1886



4. Place of Birth, (Street and Number)

5. Full Name of Mother,

Elizabeth Hayden Cunkle

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

Benjamin S. Hayden

9. Father's Occupation,

Physician

10. Father's Birthplace,

Baltimore, Md.

Name of Medical Attendant, or other Person who makes this Return.

Dr. J. C. Hayden

Address,

110 E. Baltimore St.

Remarks,

Persons reporting the birth to the Commissioner of Health, in the manner and within the period above required, and any such persons who fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 89829

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st* Child

1. Sex, (state whether male or female) *Girl*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *7th of November 1886*

4. Place of Birth, (Street and Number) *41 205 North Camb. Street*

5. Full Name of Mother, *Mary Ann McCorden*

6. Mother's Maiden Name, *Mary Ann Hocken*

7. Mother's Birthplace, *Baltimore*

8. Full Name of Father, *Thomas F. Hocken*

9. Father's Occupation, *Sartchen*

10. Father's Birthplace, *Baltimore County Md.*

Name of Medical Attendant, or other Person who makes this Return, *Gerantia Kunkel*

Address, *11 North Chapel Street per Justina Kunkel*

Remarks, *Healthy*

or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other dues and forfeitures are recoverable.

Persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 89830

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,

RETURN OF A BIRTH ^{89 831}

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, Nov 7th 1886
4. Place of Birth, (Street and Number) 229 S. Dallas St
5. Full Name of Mother, Josephine Turner
6. Mother's Maiden Name, Josephine Turner
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Henry Tillman
9. Father's Occupation, Well Digger
10. Father's Birthplace, Baltimore Md
- Name of Medical Attendant, Elizabeth Manderson
or other Person who makes this Return.
- Address, 103. Bethel St
- Remarks,



Report the birth to the Commissioner of Health in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this act, shall be subjected to the fine of ten (10) dollars for each offence to be recovered in other fines and forfeitures are recoverable.

or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 89832

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

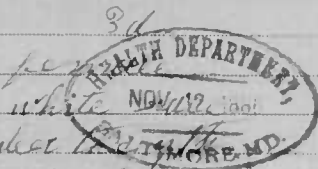
9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,



December 12 1901

East at 12 1/2

Elizabeth Richard

Shuman

Baltimore

Richard Richard

laborer

unemployed

Elizabeth Hathorn

light at 12 1/2

RETURN OF A BIRTH

898.33

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Henry Stevens Hinkel

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Nov 24 1886

4. Place of Birth, (Street and Number)

#884 Baltimore

5. Full Name of Mother,

Mrs. Ella (Goetzke) Hinkel

6. Mother's Maiden Name,

Ellis

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Paul (Lentz) Hinkel

9. Father's Occupation,

Plumber

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return.

Mrs. Goetzke

Address,

55 S. 12th St

Remarks,

CERTIFICATE CORRECTED

3-11-52

report its birth to the Commissioner of Health, in the manner and within the period there specified, and any such person who fails to do so shall be liable to the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

898.34

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

6th

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,

DEPARTMENT
White

Mar 7th 1886

26 Clifford Street

Mrs Mary Lizzie Little

Mary Lizzie Kirby

Baltimore Md

John Henry Little

Produce Dealer

Baltimore Md

Mrs Ybunter

21 N Poppleton St

or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable

RETURN OF A BIRTH 89835

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) C.

3. Date of Birth, Jan 7 1886

4. Place of Birth, (Street and Number) 123 N. 1st

5. Full Name of Mother, Bridget D. Dora

6. Mother's Maiden Name, Collins

7. Mother's Birthplace, B.C.

8. Full Name of Father, George D. Dora

9. Father's Occupation, Laborer

10. Father's Birthplace, B.C.

Name of Medical Attendant, or other Person who makes this Return, A. A. Smith

Address, 700 E. 1st

Remarks,

or persons who should hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

19136

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st*

1. Sex, (state whether male or female) *Female*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *November 15 1886*

4. Place of Birth, (Street and Number) *Hull St*

5. Full Name of Mother, *Mary ~~Ann~~ Appel*

6. Mother's Maiden Name, *Mary Hawthorne*

7. Mother's Birthplace, *Baltimore*

8. Full Name of Father, *Paul Appel*

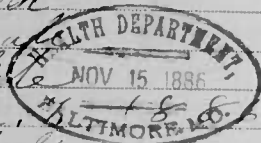
9. Father's Occupation, *Lab. work*

10. Father's Birthplace, *Germany*

Name of Medical Attendant, or other Person who makes this return, *Mrs. E. H. L.*

Address, *No 13 Cuba St*

Remarks,



or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 89837

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 15

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) Colored

3. Date of Birth, Nov 7

4. Place of Birth, (Street and Number) 343 Rose Street

5. Full Name of Mother, Mary C. Briggs

6. Mother's Maiden Name, " " Stevens

7. Mother's Birthplace, Centerville Va

8. Full Name of Father, Saml G. Briggs

9. Father's Occupation, Wagoner

10. Father's Birthplace, Richmond Va

Name of Medical Attendant, or other Person who makes this Return, Mrs Lucy Cornish

Address, 906 Gordon Alley

Remarks,



RETURN OF A BIRTH.

89838

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 15

1. Sex, (state whether male or female) female

2. Race or Color, (if not of the white race) colored

3. Date of Birth 7 of Nov. 1886

4. Place of Birth, (Street and Number) 220 West Street

5. Full Name of Mother, Nancy Stepney

6. Mother's Maiden Name, Nancy Butler Chalker

7. Mother's Birthplace, Annapolis Prince George County

8. Full Name of Father, Phillip Stepney

9. Father's Occupation, Cowman

10. Father's Birthplace, White Hall

Name of Medical Attendant, or other Person who makes this Return. Abilla Brooks.

Address, 216 Warner St

Remarks, Doing well. Its death live one hour.

Report the birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other dues and forfeitures are recoverable.

or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 89839

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

3. Date of Birth,

7th of Nov

4. Place of Birth, (Street and Number)

80 Lee Street

5. Full Name of Mother,

Katie White

6. Mother's Maiden Name,

Grocer

7. Mother's Birthplace,

Baltimore) William White

8. Full Name of Father,

Grocer

9. Father's Occupation,

Baltimore

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return

Mrs Sarah C. Casper

Address,

72 E. Lombard

Remarks,

RETURN OF A BIRTH ⁸⁹⁸⁴⁰

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race)

3. Date of Birth, Nov 22 1886

4. Place of Birth, (Street and Number) 1133 Northmore St

5. Full Name of Mother, Mrs. Maggie Johns

6. Mother's Maiden Name, Mrs. Maggie Johnson

7. Mother's Birthplace, North Adams Mass

8. Full Name of Father, Robert L. Johns

9. Father's Occupation, Carpenter

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return, Mrs. Bruns

Address, No 6 Chester st Belair Ave

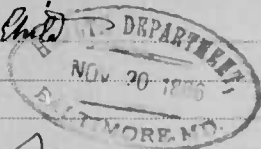
Remarks,

Report the birth to the Commissioner of Health in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 89841

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd Child



1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race) White

3. Date of Birth, November the 7 1886

4. Place of Birth, (Street and Number) N. Chester St. No 600.

5. Full Name of Mother, Maryardha Driver

6. Mother's Maiden Name, Maryardha Pieper

7. Mother's Birthplace, Balt. City

8. Full Name of Father, Christian Driver

9. Father's Occupation, Taverkeeper

10. Father's Birthplace, Balt. City

Name of Medical Attendant, or other Person who makes the Return, Mary E. Müller

Address, N. Dallas St. No 111,

Remarks,

or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

89842

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1 out

Sex, (state whether male or female)

Female

Race or Color, (if not of the white race)

Colored

Date of Birth

Nov 7th 1886

Place of Birth, (Street and Number)

No 9 Oxford Street

Full Name of Mother

Rose Ann Payne

Mother's Maiden Name

Chandler

Mother's Birthplace

Leamville Essex County Virginia

Full Name of Father

Clinton Payne

Father's Occupation

Labour

Father's Birthplace

Brooklyn New York

Name of Medical Attendant, or other Person who makes this Return

Annie Johnson

Address

710 Lyson st old number 124

Remarks



Persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other dues at: forfeitures are recoverable.

319843

...of the parent or parents of such child to report them to the Board of Health, in the manner, and within the period above required, except that if the child and the parents of the child are both persons or persons who shall hereafter fall to comply with the provisions of this section shall be subject to a fine of ten dollars, and each offense to be recovered as other fines and penalties are recoverable.

12121

- Male

White

Nov. 7th

3⁷⁶ Kautschung L.

Philomena

Naek
But

Baltimore

Benjamin W. Hutz

Tracer
Bapt

W. H. Smith

201 J. Charles

or other Person who
makes this Return

201 L. Charles

5. FRIEDMAN AND STATIONER.

report the birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH ⁸⁹⁸⁴⁴

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

4th

1. Sex, (state whether male or female)

male

2. Race or Color, (if not of the white race)

Colored

3. Date of Birth,

Nov 7th 1886

4. Place of Birth, (Street and Number)

1542 Bruce St Baltimore

5. Full Name of Mother,

Annie Marsden

6. Mother's Maiden Name,

Annie Spriggs

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

James Spriggs

9. Father's Occupation,

General laborer

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return.

Sarah Rollins

Address,

Remarks,

RETURN OF A BIRTH

19845

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

GIVEN NAME ADDED 12-1-54

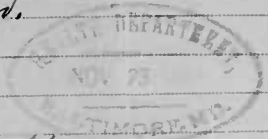
Name: *Charles Edward Sass*
No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2nd.*

1. Sex, (state whether male or female) *Male*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *Nov. 7th 1886*
4. Place of Birth, (Street and Number) *No. 40 Dolphin St.*
5. Full Name of Mother, *Mrs. Chas. Sass*
6. Mother's Maiden Name, *Herrmann*
7. Mother's Birthplace, *Baltimore Md*
8. Full Name of Father, *Chas. Sass*
9. Father's Occupation, *Machinist*
10. Father's Birthplace, *Baltimore Md.*

Name of Medical Attendant, or other Person who makes this Return, *D. K. Munick M.D.*

Address, *M. C. Culsh & Biddle Sts.*

Remarks,



or persons who shall hereafter fail to comply with the provisions of this section, shall be subject to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 89846

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

6th

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

3. Date of Birth,

November 2nd

4. Place of Birth, (Street and Number)

Baltimore

5. Full Name of Mother,

Annie L. Fischer

6. Mother's Maiden Name,

Warner

7. Mother's Birthplace,

Balti

8. Full Name of Father,

Wm L. Fischer

9. Father's Occupation,

Wheelwright

10. Father's Birthplace,

Baltit

Name of Medical Attendant, or other Person who makes this Return.

Mrs. Minch

Address,

to see Seadenhall St

Remarks,



or persons who shall hereafter fail to comply with the provisions of this act, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH,

89847

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7

1. Sex (state whether male or female) Male

2. Race or Color, (if not of the white race) Color

3. Date of Birth 7 of November

4. Place of Birth, (Street and Number) 1004 Sault Street

5. Full Name of Mother Alice Gillmore

6. Mother's Maiden Name Alice Pinket

7. Mother's Birthplace Baltimore

8. Full Name of Father Ira Gillmore

9. Father's Occupation Potter

Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. Harriet Brittan

Address Old number 55 - New number 415 - Lewis St

Remarks

RETURN OF A BIRTH ⁸⁹⁸⁴⁸

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, November 8th

4. Place of Birth, (Street and Number) 212 S. Cary st

5. Full Name of Mother, Mary Knell

6. Mother's Maiden Name, Mary McConnell

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Philly Joseph Knell

9. Father's Occupation, Dealer in Coal

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return, Susan Hunter

Address, 21 S. Payson St

Remarks,

or persons who shall hereafter fail to comply with the provisions of this section, shall be subject to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 89849

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4
1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, Nov-5-1886
4. Place of Birth, (Street and Number) No 4 Brewers alley
5. Full Name of Mother, Mary Sylvia Clark
6. Mother's Maiden Name, Maryland
7. Mother's Birthplace, Thomas Crawford
8. Full Name of Father, Superior
9. Father's Occupation, Maryland
10. Father's Birthplace, Marion Hansen
- Name of Medical Attendant, or other Person who makes this Return, No 3037 walnut alley
- Address, Remarks,

RETURN OF A BIRTH

89850

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, Nov 21 1896

4. Place of Birth, (Street and Number) 23 N. 1st St.

5. Full Name of Mother, Elizabeth Walker

6. Mother's Maiden Name, " Sumner

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Edward Walker

9. Father's Occupation, Carpenter

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return, Wm. C. McKim

Address, 411 N. 1st St.

Remarks, _____

Report its birth to the Commissioner of Health, in the manner and within the time and place required, and any such person who fails to do so, shall be subjected to the fine of \$10.00 dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH ⁸⁹⁸⁵¹

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, Nov 8th 1886

4. Place of Birth, (Street and Number) 614 N. Bond St

5. Full Name of Mother, Clara Lowell

6. Mother's Maiden Name, Jiegler

7. Mother's Birthplace, Balto.

8. Full Name of Father, Wm. L. Lowell

9. Father's Occupation, Traveling Salesman

10. Father's Birthplace, New York

Name of Medical Attendant, or other Person who makes this Return.

E. B. Jewby, M.D.

Address, 1201 N. Eden St.

Remarks,



Report the birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

89852

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

3d

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Nov. 8th 1886

4. Place of Birth, (Street and Number)

844 N. Howard

5. Full Name of Mother,

C. B. Craig

6. Mother's Maiden Name,

Barton

7. Mother's Birthplace,

Balt. City

8. Full Name of Father,

Geo. W. Home Craig

9. Father's Occupation,

Attorney

10. Father's Birthplace,

Me.

Name of Medical Attendant, or other Person who makes this Return.

Christian M.

Address,

1821 Madison Ave.

Remarks,

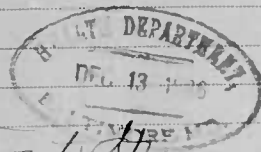
Be it Attended upon this matter, immediately thereafter it shall become the duty of the person or persons of such child to report the birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.



RETURN OF A BIRTH 89853

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st*
1. Sex, (state whether male or female) *Female*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *Nov. 8th 1896*
4. Place of Birth, (Street and Number) *No. 3 S. Front St.*
5. Full Name of Mother, *Addie Brown.*
6. Mother's Maiden Name, *" Lichty*
7. Mother's Birthplace, *Greencastle, Franklin County*
8. Full Name of Father, *Martin Brown.*
9. Father's Occupation, *Painter*
10. Father's Birthplace, *Fitzellsburg, Carroll County.*
- Name of Medical Attendant, or other Person who makes this Return, *Mrs. Lena Hillegast*
- Address, *182 E. Monument St.*
- Remarks, *1038 (Rev. Number)*



Persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

89854

any person who is the owner or possessor of property, in the transfer of which the property and within the period of one month, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

2

Mail

W. H. White, Jr. 1870

November 8.

1217 Scott St.
FORE MD

Lizzie Grov

C. Lizzie Ruth

Baltimore

Thom. J. Irwin

Laboring.

Baltimore

Mrs. Bange

711 Cross St.

Remarks

RETURN OF A BIRTH 89855

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. ☐ Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. ☐ her s Birthplace,

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,

2nd

Male,

White,

November 8th 1886

35 Milliman St.

Clara Cassidy,

Clara Davis,

Balto City,

James B. Cassidy,

Machinist,

Balto City,

Chas. B. Lippin

(920) 2824 Broadway

RETURN OF A BIRTH

89806

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

5th

1. Sex, (state whether male or female)

Female,

2. Race or Color, (if not of the white race)

White,

3. Date of Birth,

November 8th 1886.

4. Place of Birth, (Street and Number)

362 N. Washington St.,

5. Full Name of Mother.

Mary Isobel Fiegling,

6. Mother's Maiden Name,

Mary Isobel Davis

7. Mother's Birthplace,

Balto Co.,

8. Full Name of Father,

John Paul Fiegling,

9. Father's Occupation,

Brickturner

10. Father's Birthplace,

Carroll Co.,

Name of Medical Attendant, or other Person who makes this Return

Chas. B. Fiegling M.D.,

Address,

282 N. Broadway,

Remarks,



RETURN OF A BIRTH

89857

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,

Persons who are required to file this return, and any such person, shall be subject to the fine of ten (10) dollars for each offense to be recovered as other laws and ordinances are recoverable.

or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

89858

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

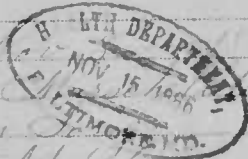
9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,



RETURN OF A BIRTH 89887

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

First Child

1. Sex, (state whether male or female)

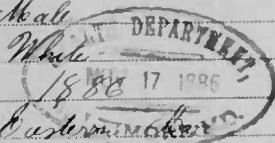
Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Nov. 8 "



4. Place of Birth, (Street and Number)

Baltimore

5. Full Name of Mother,

Emma Harriman

6. Mother's Maiden Name,

Wiegand

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

William Harriman

9. Father's Occupation,

Labor

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return

Mr. Wilby

Address,

No 611 Patterson Park Eo

Remarks,

Called in Doctor Wilkins.

Persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense. In case of record as other form and for future are recoverable

RETURN OF A BIRTH

89860

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Third Child
Male
White
NOV 17 1886
BALTIMORE

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth, Nov 8 1886

4. Place of Birth, (Street and Number)

No 322 Camb st.

5. Full Name of Mother,

Maggie Wenter

6. Mother's Maiden Name,

Witz

7. Mother's Birthplace,

Germany

8. Full Name of Father,

Joseph Wenter

9. Father's Occupation,

Stone Moulder

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return.

Mr. Witz

Address,

1. 611 Patterson St. B.O.

Remarks,

Persons who fail to comply with the provisions of this section, shall be subjected to the fine of \$10.00 for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

89861

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.) *Seventh*

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *Nov 8th 1886*

4. Place of Birth, (Street and Number) *313 Hammond St*

5. Full Name of Mother, *Mary Francis Shane*

6. Mother's Maiden Name, *Mary Francis Downing*

7. Mother's Birthplace, *Balt City Md*

8. Full Name of Father, *Franklin Dorsey Shane*

9. Father's Occupation, *Huckster*

10. Father's Birthplace, *Balt City Md*

Name of Medical Attendant, or other Person who makes this Return

W^m Correll Md

Address, *312 Hammond St*

Remarks,



RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

4

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

3. Date of Birth,

Nov 8/86

4. Place of Birth, (Street and Number)

1422 1/2 Preston St

5. Full Name of Mother,

Mary Winchore

6. Mother's Maiden Name,

Pelrick

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Rudolph Winchore

9. Father's Occupation,

Letter Carrier

10. Father's Birthplace,

Germany

Name of Medical Attendant, or other Person who makes this Return.

Mrs. Louise Kraft

Address,

No 405 S. Washington St.

Remarks,

or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 89863

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, November 8th 1886

4. Place of Birth, (Street and Number) No 211 Parkin street

5. Full Name of Mother, Annie Perkins

6. Mother's Maiden Name, Zimmerman

7. Mother's Birthplace, Germany

8. Full Name of Father, John Perkins

9. Father's Occupation, Tailor

10. Father's Birthplace, Germany

Name of Medical Attendant, or other Person who makes this Return, Mrs Catherine Seebach

Address, Mrs Seebach No 489 W Pratt street

Remarks,

or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

89864

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 10

Sex, (state whether male or female) Female

Race or Color, (if not of the white race) white

Date of Birth, Nov 8 1886

Place of Birth, (Street and Number) 24 W. 100th St

Full Name of Mother, Mary McNamee

Mother's Maiden Name, W. Gaskin

Mother's Birthplace, Ireland

Full Name of Father, Patrick McNamee

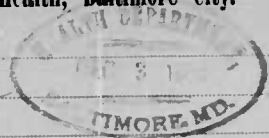
Father's Occupation, Driver

Father's Birthplace, Ireland

Name of Medical Attendant, or other Person who makes this Return. Mrs. C. M. M. M.

Address, 107 Madison St

Remarks,



Persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

report his birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

89868

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

3rd Child

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

APR 18 1886

4. Place of Birth, (Street and Number)

110 Battery at

5. Full Name of Mother,

Kate Carey

6. Mother's Maiden Name,

Ryan

7. Mother's Birthplace,

Baltimore Md

8. Full Name of Father,

Thomas Carey

9. Father's Occupation,

Blacksmith

10. Father's Birthplace,

Baltimore Md

Name of Medical Attendant, or other Person who makes this Return.

D. A. Cooke M.D.

Address,

(New) 104 Fort at

Remarks,

RETURN OF A BIRTH ⁸⁹⁸⁶⁶

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) ^{1st}

Sex, (state whether male or female) Male

Race or Color, (if not of the white race) C

Date of Birth, Nov 8th 1886

Place of Birth, (Street and Number) 23 Arch

Full Name of Mother, Elizabeth ~~Anderson~~ Johnson

Mother's Maiden Name, _____

Mother's Birthplace, _____

Full Name of Father, Alexander Johnson

Father's Occupation, Meatman

Father's Birthplace, _____

Name of Medical Attendant, ^{or other Person who makes this Return}

Address, _____

Remarks, _____



Henry Chadlee M.D.
181 Linden St

within the period above provided, except in the case of the birth and deaths of illegitimate children, and any person who shall be guilty of any violation of the provisions of this section shall be subject to a fine of ten dollars for each offense, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH ⁸⁹⁸⁶⁷

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *8th Child*
 1. Sex, (state whether male or female) *Bo*
 2. Race or Color, (if not of the white race) *White*
 3. Date of Birth, *geboren den 9ten November*
 4. Place of Birth, (Street and Number) *N^o 291 S. Bond St.*
 5. Full Name of Mother, *Mary Werneke*
 6. Mother's Maiden Name, *Mary Lind*
 7. Mother's Birthplace, *Germania*
 8. Full Name of Father, *August Werneke*
 9. Father's Occupation, *Schmied*
 10. Father's Birthplace, *Germania*
 Name of Medical Attendant, or other Person who makes this Return. *Friderike Kaufmann*
 Address, *N^o 517 S. Dallas St.*
 Remarks, *Hebamer*

Report his birth to the Commissioner of Health in the manner and within the period above required, and any such person or persons who fail to do so, or who furnish false information, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other laws and forfeitures are recoverable.

RETURN OF A BIRTH

89868

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Nov 9th

1884

4. Place of Birth, (Street and Number)

1513 North Charles St

5. Full Name of Mother,

Mary Milburn

6. Mother's Maiden Name,

Mary Miller

7. Mother's Birthplace,

Baltimore city md

8. Full Name of Father,

Charles Milburn

9. Father's Occupation,

Boiler Maker

10. Father's Birthplace,

Baltimore city md

Name of Medical Attendant, or other Person who makes this Return.

Elizabeth Hinton

Address,

1737 W. Charles Street

Remarks,



Report the birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (\$10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 89869

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (~~state whether 1st, 2d, 3d, &c.~~)

1. Sex, (~~state whether male or female~~)

2. Race or Color, (~~if not of the white race~~)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,



Nov 9th 1886

1037 Hollins St.

Julia A. Young

Julia A. Keane

Baltimore

James L. Young

Millwright

Baltimore

John A. R. Boyd, M.D.

662 Lexington St.

or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

89870

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st Child

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,

geboren den 16. April 1898

Nº 212. Allinister St.

Mäcke Heim

Mäcke Ries

Baltimore

Fred Heim

Cooper

Germania

Friederike Kaufmann

Nº 517. S. Dollars St.

Hoboken

Subject to the provisions of the Act of the 10th March 1893, in this manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

Persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 89871

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Nov. 9th / 86

4. Place of Birth, (Street and Number)

527 N. Gilman

5. Full Name of Mother,

Virginia M. Sellers

6. Mother's Maiden Name,

" " Blackney

7. Mother's Birthplace,

Wm. A. Sellers

8. Full Name of Father,

Carpenter

9. Father's Occupation,

Balto

10. Father's Birthplace,

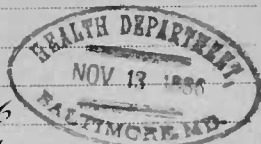
Name of Medical Attendant, or other Person who makes this Return.

Thomas Opie M.D.

Address,

600 N. Howard St.

Remarks,



RETURN OF A BIRTH 89872

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name, John George Reese

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Eighth.

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth,

November 9th.



4. Place of Birth, (Street and Number)

211 Carroll Street (House)

5. Full Name of Mother,

Annie L. Reese

6. Mother's Maiden Name,

Annie L. Kraft

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Geo. W. Reese

9. Father's Occupation,

Labourer

Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return.

H. C. Olds M.D.

Address,

1517 Carrollton Av.

Remarks,

or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH ⁸⁹⁸⁷¹³

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, Nov 20 1886

4. Place of Birth, (Street and Number) 1143 Gough St

5. Full Name of Mother, Mr. Eliza Carter

6. Mother's Maiden Name, Carter

7. Mother's Birthplace, Baltimore

8. Full Name of Father, John Carter

9. Father's Occupation, Carpenter

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return Mr. Gortz

Address, 455 N. Bond St

Remarks, _____



Report the birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons failing to do so, shall be liable to a fine of ten (10) dollars for each offense to be recovered as other laws and ordinances are recoverable.

RETURN OF A BIRTH

89879

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

4

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

Colored

3. Date of Birth,

November 9

4. Place of Birth, (Street and Number)

227 Forest Street

5. Full Name of Mother,

Lizzie Gillard

6. Mother's Maiden Name,

Lizzie Walther

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

George Gillard

9. Father's Occupation,

Labor

10. Father's Birthplace,

Baltimore

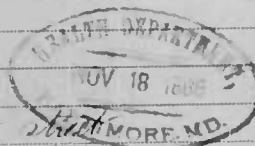
Name of Medical Attendant, or other Person who makes this Return.

Harriet Jackson

Address,

old mule 14 1016 Huglass Street

Remarks,



Persons who shall hereafter fail to comply with the provisions of this section, shall be subject to be fined if in (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

report its birth to the Commissioner of Health, to the physician and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten dollars for each offence to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

89875

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th
1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Nov. 9, 1884
4. Place of Birth, (Street and Number) 3 Palapuet
5. Full Name of Mother, Elizabeth Miller
6. Mother's Maiden Name, Elizabeth Mydel
7. Mother's Birthplace, Belle
8. Full Name of Father, Charles Miller
9. Father's Occupation, Saloon
10. Father's Birthplace, Belle
- Name of Medical Attendant, or other Person who makes this return, Henry C. Deane
- Address, 59 Gay Street
- Remarks,



RETURN OF A BIRTH

89876

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

3th

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth.

November

1886

4. Place of Birth, (Street and Number)

No 18

First Avenue

5. Full Name of Mother.

Virginia Rayfield

6. Mother's Maiden Name,

~~John T. D.~~

Virginia Ward

7. Mother's Birthplace.

Virginia

8. Full Name of Father.

John T. Rayfield

9. Father's Occupation.

Carpenter

10. Father's Birthplace.

Virginia

Name of Medical Attendant, or other Person who makes this Return.

Mrs. E. M. L.

Address.

No 13 Cuba St

Remarks.

Persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (\$10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH ⁸⁹⁸⁷⁷

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth

4. Place of Birth, (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return

Address

Remarks



of persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense: to be recovered in other fines and forfeitures are recoverable

RETURN OF A BIRTH. 89878

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *3rd*

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth *1st November 1896*

4. Place of Birth, (Street and Number) *Barnet Street ch*

5. Full Name of Mother, *Anna Schubert*

6. Mother's Maiden Name, *Russman*

7. Mother's Birthplace, *Germania*

8. Full Name of Father, *Friedrich Schubert*

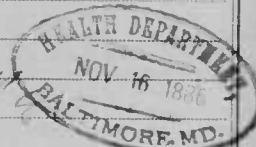
9. Father's Occupation, *Wool Merchant*

10. Father's Birthplace, *Germania*

Name of Medical Attendant, or other Person who makes this Return.

Address, *Elisabeth Elle ch 5 Caroline Street*

Remarks,



whereas it is the duty of the Registrar of Health, in the manner and within the period above required, and any such person or persons who shall be so required, shall be subject to the fine of ten (\$10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 89877

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st*

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

November 9. 1887

4. Place of Birth, (Street and Number)

11 E. E. St.

5. Full Name of Mother.

Margaret E. Parker

6. Mother's Maiden Name,

"

Markland

7. Mother's Birthplace,

Balt. City

8. Full Name of Father,

William J. Parker

9. Father's Occupation,

Wholesale Druggist

10. Father's Birthplace,

Virginia

Name of Medical Attendant, or other Person who makes this Return.

Marbury Brewster

Address,

68 McCarroll St.

Remarks,



or person who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 89850

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

4 Child

1. Sex, (state whether male or female)

girl

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

November 9th

4. Place of Birth, (Street and Number)

Baltimore 84 Lancaster St

5. Full Name of Mother,

Ellen Christensen

6. Mother's Maiden Name,

Ellen Liggibbons

7. Mother's Birthplace,

Swansea Wales

8. Full Name of Father,

Daniel Christensen

9. Father's Occupation,

Mariner

10. Father's Birthplace,

Scotland

Name of Medical Attendant, or other Person who makes this Return

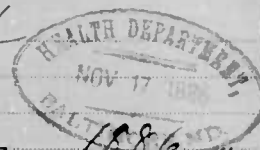
Mrs. Louisa Smith

Address,

35 Thomas St.

Remarks,

Agnes Catherine Christensen



RETURN OF A BIRTH 89881

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

5th

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

W

3. Date of Birth,

Nov. 9th 86

4. Place of Birth, (Street and Number)

13

Sturtevant Ave.

5. Full Name of Mother,

Annie Fry

6. Mother's Maiden Name,

Rostack

7. Mother's Birthplace,

Kentucky

8. Full Name of Father,

Rudolph Fry

9. Father's Occupation,

Laborer

10. Father's Birthplace,

Switzerland

Name of Medical Attendant, or other Person who makes this Return.

Wm. H. H. H.

Address,

328 S. Euter St.

Remarks,

or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of five (5) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 89882

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8 Louis.
1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Nov 2, 1886
4. Place of Birth, (Street and Number) 11 Pratt St
5. Full Name of Mother, Bessie Aldshole
6. Mother's Maiden Name, Bessie Rosenbergy
7. Mother's Birthplace, Russia
8. Full Name of Father, Julius Aldshole
9. Father's Occupation, Cigar Manufacturer
10. Father's Birthplace, Russia
- Name of Medical Attendant, or other Person who makes this Return, E. Scherman
- Address, 416 Market st. rd 103.
- Remarks, Twins

or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of it in (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

89883

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

4

Isidor

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Nov. 9, 1886

4. Place of Birth, (Street and Number)

61 Pratt St

5. Full Name of Mother,

Bessie Adolph

6. Mother's Maiden Name,

Bessie Rosenberg

7. Mother's Birthplace,

Russia

8. Full Name of Father,

Julius Adolph

9. Father's Occupation,

Cigar-maker

10. Father's Birthplace,

Russia

Name of Medical Attendant, or other Person who makes this Return.

E. Schorman

Address,

Albemarle St. No. 103.

Remarks,

Twins

Persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 89884

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

Sex, (state whether male or female) Male

Race or Color, (if not of the white race)

Date of Birth, Nov 9 - 1886

Place of Birth, (Street and Number) 1145 Madison St.

Full Name of Mother, Mary L. Boyd

Mother's Maiden Name, Bowen

Mother's Birthplace, Baltimore

Full Name of Father, James H. Boyd

Father's Occupation, Clerk

Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return, Mary Stein

Address, 1427 E. Pratt St.

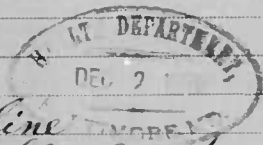
Remarks,

for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 89888

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2*
1. Sex, (state whether male or female) *Male*
2. Race or Color, (if not of the white race)
3. Date of Birth, *Apr 7 - 1886*
4. Place of Birth, (Street and Number) *29 S. Caroline*
5. Full Name of Mother, *Minne ~~Hiller~~ Gaede*
6. Mother's Maiden Name, *Miller*
7. Mother's Birthplace, *Baltimore*
8. Full Name of Father, *Fredrik Gaede*
9. Father's Occupation, *Unterstaeker*
10. Father's Birthplace, *Baltimore*
- Name of Medical Attendant, or other Person who makes this Return, *Mary Stein*
- Address, *1427 G. Pratt St.*
- Remarks,



For each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

89886

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) Colored

3. Date of Birth, Nov 9th 1884

4. Place of Birth, (Street and Number) 435 N. Monument St

5. Full Name of Mother, Jessie Tilghman

6. Mother's Maiden Name, Jessie Moore

7. Mother's Birthplace, St. Michaels Eastern Shore

8. Full Name of Father, Chas. Tilghman

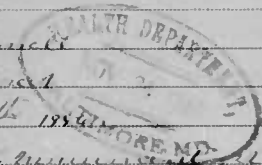
9. Father's Occupation, Doctor

10. Father's Birthplace, St. Michaels Eastern Shore

Name of Medical Attendant, or other Person who makes this Return. Arthur A. L. L. L.

Address, 434 N. Monument Street

Remarks,



Not valid unless countersigned by Registrar of Vital Statistics and Health Officer.

RETURN OF A BIRTH ⁸⁹¹⁸⁷

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Male Child Fifth Child*
1. Sex, (state whether male or female) *Male*
2. Race or Color, (if not of the white race) *White Race*
3. Date of Birth, *Born November 9th 1896*
4. Place of Birth, (Street and Number) *Washington St 3 doors from Lincoln*
5. Full Name of Mother, *Mrs Mary Pink*
6. Mother's Maiden Name, *Mrs Mary Oliver*
7. Mother's Birthplace, *Baltimore City*
8. Full Name of Father, *William Pink*
9. Father's Occupation, *Labourer*
10. Father's Birthplace, *Baltimore City*
- Name of Medical Attendant, or other Person who makes this return *Mrs R. A. Galer*
- Address, *No. 65 - Banks Street*
- Remarks, *formerly Mrs R. A. Garrett*

RETURN OF A BIRTH 84888

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth, Nov 9 1886

4. Place of Birth, (Street and Number) 1533 Light Street

5. Full Name of Mother, Minnie Thomas

6. Mother's Maiden Name, Chel

7. Mother's Birthplace,

8. Full Name of Father, Edward Thomas

9. Father's Occupation, Glass blower

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Miss Munch

Address,

1000 Leadenhall St.

Remarks,



or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Over
First

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Nov. 9th 1886

4. Place of Birth, (Street and Number)

1625 - Edgemoor St.

5. Full Name of Mother,

Hester E. Nichols

6. Mother's Maiden Name,

Rothrock

7. Mother's Birthplace,

Baltimore City

8. Full Name of Father,

James B. Nichols

9. Father's Occupation,

Clerk

10. Father's Birthplace,

North Carolina

Name of Medical Attendant, or other Person who makes this Return.

Dr. Edgar B. Britton,

Address,

124 S. BROADWAY,

Remarks,

Full name of child - Lulu May Nichols

or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

Hours 8 A.M. to 8 P.M. 1 to 8 P.M.

Telephone 186-1-2

report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other laws and ordinances are recoverable.

GIVEN NAME ADDED

5-27-40

RETURN OF A BIRTH. 89890

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Edgar White

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,



RETURN OF A BIRTH 89891

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st Child

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race) White

3. Date of Birth, November 10, 1886

4. Place of Birth, (Street and Number) S. Broadway No 906

5. Full Name of Mother, Elisabetha Rehmer

6. Mother's Maiden Name, Elisabetha Bien

7. Mother's Birthplace, Balto City

8. Full Name of Father, John Henry Rehmer

9. Father's Occupation, Painter

10. Father's Birthplace, Balto City

Name of Medical Attendant, or other Person who makes this Return.

Address, N. Dallas St. No 114

Remarks,

19892

report be made for the compensation of benefit, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence, and such fines and forfeitures are recoverable.

Fourth

Female

White

enw. 18. 10. 1985

134

Hearlein Ave

Augusta Street

Augusta Lorch

Baltimore. Md

Abram Isaac

Shine healer

Germany.

John Meoni M.D.

Ex. 118 Franklin St.

104 JOURNAL OF THE ATMOSPHERIC SCIENCES

RETURN OF A BIRTH 89893

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2^d

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Nov. 10/86

4. Place of Birth, (Street and Number)

1203 W Lombard

5. Full Name of Mother,

Irene John Dill

6. Mother's Maiden Name,

Irene Forrest

7. Mother's Birthplace,

Balto

8. Full Name of Father,

John Dill

9. Father's Occupation,

Mechanic

10. Father's Birthplace,

Balto

Name of Medical Attendant, or other Person who makes this Return.

Thomas Opie M.D.

Address,

600 N Howard St

Remarks,



of persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 89894.

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) white

3. Date of Birth, Nov 10 - 86 -

4. Place of Birth, (Street and Number) 268 Aisquith St

5. Full Name of Mother, Emma Jane Nicholson

6. Mother's Maiden Name, Pittkinston

7. Mother's Birthplace, Balto

8. Full Name of Father, Mr George — Nicholson

9. Father's Occupation, Clerk

10. Father's Birthplace, Balto

Name of Medical Attendant, or other Person who makes this Return Irving Williams.

Address, 1207 E. Monument Street

Remarks,

RETURN OF A BIRTH 89895

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,

1st
White
Nov 10 1895
653 1/2 Washington St
Ella L. Rosenberg
" " Grandpa
Baltimore
James A. Rosenberg
Baltimore
Baltimore
146 Washington St

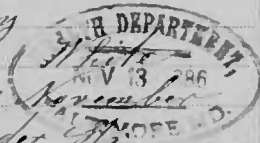
or persons who shall hereafter fail to comply with the provisions of this section, shall be subject to the fine of five (5) dollars for each offense to be recovered as other laws and ordinances are enforceable.

RETURN OF A BIRTH

89896

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *6th Child*
- Sex, (state whether male or female) *Boy*
- Race or Color, (if not of the white race) *White*
- Date of Birth, *geboren den 10 ten November*
- Place of Birth, (Street and Number) *N^o 201 Alexander St.*
- Full Name of Mother, *Elisabeth Schöke*
- Mother's Maiden Name, *Elisabeth Müller*
- Mother's Birthplace, *Baltimore*
- Full Name of Father, *Leon Schöke*
- Father's Occupation, *Labor*
- Father's Birthplace, *Germania*
- Name of Medical Attendant, or other Person who makes this Return. *Frederike Kaufmann*
- Address, *Friedrichs St 517 S. Dallas St*
- Remarks, *H. L. H. H. H.*



RETURN OF A BIRTH 89897

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *3rd.*

Sex, (state whether male or female) *Boy*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *Wednesday Nov. 31/1886*

4. Place of Birth, (Street and Number) *75 Harford Ave.*

5. Full Name of Mother, *Kate Sattenfield*

6. Mother's Maiden Name, *Kate Smith*

7. Mother's Birthplace, *Balt. Md.*

8. Full Name of Father, *Edward L. Sattenfield*

9. Father's Occupation, *China & Glass Factor,*

10. Father's Birthplace, *Balt. Md.*

Name of Medical Attendant, *Wilmer Diniton M.D.*
or other Person who makes this Return.

Address, *Charl St & Forest Place*

Remarks,

For each return to be recovered as other fines and forfeitures are recoverable.

report the birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

89898.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *9th*

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race) *Colored*

3. Date of Birth, *Nov 10th 1886*

4. Place of Birth, (Street and Number) *811. Peach ally*

5. Full Name of Mother, *Jane Bordley*

6. Mother's Maiden Name, *Jane Donnell*

7. Mother's Birthplace, *North Hampton en via*

8. Full Name of Father, *John Bordley*

9. Father's Occupation, *Laborer*

10. Father's Birthplace, *Tallrotte Conn. N.H.*

Name of Medical Attendant, or other Person who makes this Return, *Sarah, Jascar*

Address, *224 Hughes St Balto MD*

Remarks,...



RETURN OF A BIRTH 89899

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

● Sex, (state whether male or female) Boy

2. Race or Color, (if not of the white race) Colored

3. Date of Birth, Nov 10

4. Place of Birth, (Street and Number) 238 Forest Street

5. Full Name of Mother, Francis Hilliard

6. Mother's Maiden Name, Francis Hilliard

7. Mother's Birthplace, Balto

8. Full Name of Father, James Hilliard

9. Father's Occupation, Labor

● Father's Birthplace, Balto

Name of Medical Attendant, or other Person who makes this Return. Harriet Jackson

Address, 1016 Douglass Street

Remarks,

RETURN OF A BIRTH ^{88/900}

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th
- Sex, (state whether male or female) Male
- Race or Color, (if not of the white race) Negro
- Date of Birth, 10 of November 1886
- Place of Birth, (Street and Number) 109 New 4th Old No. 23rd St.
- Full Name of Mother, Rhoda E. Jones
- Mother's Maiden Name, Rhoda E. Smith Badger
- Mother's Birthplace, Baltimore
- Full Name of Father, Wm. J. Jones
- Father's Occupation, Clk
- Father's Birthplace, Baltimore
- Name of Medical Attendant, or other Person who makes this Return, Susan Hunter
- Address, 21 N. Holliday St.
- Remarks,

RETURN OF A BIRTH 89901.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, 10 of November 1886

4. Place of Birth, (Street and Number) No. 29 West St

5. Full Name of Mother, Ellie Thorne

6. Mother's Maiden Name, Ellie Thorne

7. Mother's Birthplace, Baltimore

8. Full Name of Father, George Thorne

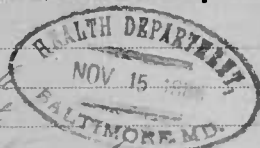
9. Father's Occupation, Laborer

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return, Gabriel Guichard

Address, 1101 1/2 West St

Remarks,



If person who signs hereafter fail to comply with the provisions of this section, shall be subject to the fine or in (10) dollars, for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH ⁸⁹⁹⁰²

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) Caucasian

3. Date of Birth, November 10, 1885

4. Place of Birth, (Street and Number) No. 8 Mc

5. Full Name of Mother, Lucinda Mackett

6. Mother's Maiden Name, West More Virginia

7. Mother's Birthplace, West More Virginia

8. Full Name of Father, Lucinda Mackett

9. Father's Occupation, 130 Register St

10. Father's Birthplace, Lucinda Mackett

Name of Medical Attendant, or other Person who makes this Return, 130 Register St

Address, Remarks,



Copy of this return to be furnished to the Registrar of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other laws and ordinances are recoverable.

RETURN OF A BIRTH.

89903

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 7th Child.

Sex, (state whether male or female) Female.

2. Race or Color, (if not of the white race) White.

3. Date of Birth Nov-10-1880

4. Place of Birth, (Street and Number) 18 Niagara

5. Full Name of Mother, Margaret Parrott.

6. Mother's Maiden Name, Margaret Fitzgibbon.

7. Mother's Birthplace, Ireland.

8. Full Name of Father, Geo. H. Parrott.

9. Father's Occupation, Restaurant Keeper.

10. Father's Birthplace, Ireland - Long.

Name of Medical Attendant, or other Person who makes this Return. Dr. P. Smith M.D.

Address, 309 St. Paul St. Ct.

Remarks, Child Healthy.



for each offense to be recovered as other lines and jurisdictions are recoverable.

RETURN OF A BIRTH

89904
5020

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: *Ferdinand Howard Braecklein Jr.*
No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *9th*

1. Sex, (state whether male or female) *Male*
2. Race or Color, (if not of the white race) *white*
3. Date of Birth, *Nov. 10th*
4. Place of Birth, (Street and Number) *808 Burgundy St.*
5. Full Name of Mother, *Maria Braecklein*
6. Mother's Maiden Name, *" Grunpe Kemp*
7. Mother's Birthplace, *Germany*
8. Full Name of Father, *ALBERT Albert Braecklein*
9. Father's Occupation, *cigar maker*
10. Father's Birthplace, *Germany*
- Name of Medical Attendant, or other Person who makes this Return, *C. L. Buddenbohn*
- Address, *166 S. Paca St.*
- Remarks,



Persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence, and shall be liable to the payment of the costs of the proceedings, and shall be liable to the payment of the costs of the proceedings, and shall be liable to the payment of the costs of the proceedings.

RETURN OF A BIRTH

89905.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3^{ds} Child

1. Sex, (state whether ~~male~~ or female)

2. Race or Color, (if not of the white race) White

3. Date of Birth, November the 10, 1886

4. Place of Birth, (Street and Number) E. Monument St. No 2006.

5. Full Name of Mother, Louise Lang

6. Mother's Maiden Name, Louise Lunk

7. Mother's Birthplace, Balt^{ic} City

8. Full Name of Father, Wilhelm Lang

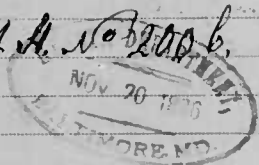
9. Father's Occupation, Laborer

10. Father's Birthplace, Balt^{ic} City

Name of Medical Attendant, or other Person who makes this Return, Mary E. Müller

Address, N. Dallas St. No 114

Remarks,



of persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

or persons who shall hereafter fail to comply with the provisions of this section, shall be subject to the fine of ten (10) dollars for each offense to be recovered as other laws and ordinances are recoverable.

• RETURN OF A BIRTH ⁸⁹⁹⁰⁶

• To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) ⁵

Sex, (state whether male or female) ^{Female}

2. Race or Color, (if not of the white race) ^{White}

3. Date of Birth, ^{November 10 - 1886}

4. Place of Birth, (Street and Number) ^{6673 Camden St}

5. Full Name of Mother, ^{Martha Elizabeth Speer}

6. Mother's Maiden Name, ^{Wendel}

7. Mother's Birthplace, ^{Baltimore M.D.}

8. Full Name of Father, ^{Ludwig W. Speer}

9. Father's Occupation, ^{Butcher}

10. Father's Birthplace, ^{Baltimore M.D.}

Name of Medical Attendant, or other Person who makes this Return, ^{John D. Kerner M.D.}

Address, ^{667 Lexington St}

Remarks,



or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of \$-a (\$10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

870/ RETURN OF A BIRTH 89907

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *3rd*
Name *George Washington Heathorn* Male
Sex, (state whether male or female)
2. Race or Color, (if not of the white race) *white*
3. Date of Birth, *Oct 1/86* *Mar 10/86*
4. Place of Birth, (Street and Number) *817 Leadenhall St*
5. Full Name of Mother, *Addie R Heathorn*
6. Mother's Maiden Name, *a a Bellon*
7. Mother's Birthplace, *city*
8. Full Name of Father, *Geo. W. Heathorn*
9. Father's Occupation, *Machinist*
10. Father's Birthplace, *city*
Name of Medical Attendant, or other Person who makes this Return. *Dr. O. Blake*
Address,
Remarks,

RETURN OF A BIRTH 89908

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2d

1. Sex, (state whether male or female)

male

2. Race or Color, (if not of the white race)

Colored

3. Date of Birth,

Nov 10th 1886

4. Place of Birth, (Street and Number)

Tanner Street

5. Full Name of Mother,

Carmelia Bias

6. Mother's Maiden Name,

Carmelia Gross

7. Mother's Birthplace,

Calvert County

8. Full Name of Father,

Henry Bias

9. Father's Occupation,

God Carrier

10. Father's Birthplace,

Calvert County

Name of Medical Attendant, or other Person who makes this Return,

Sarah Rollins

Address,

Remarks,

Report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall be found guilty of neglecting to do so, shall be liable to a fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

89909

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race) *White*

3. Date of Birth *Jan 10 1886*

4. Place of Birth (Street and Number) *Highway 32*

5. Full Name of Mother *Mary Constant*

6. Mother's Maiden Name *Mary Adams*

7. Mother's Birthplace *Baltimore*

8. Full Name of Father *John Constant*

9. Father's Occupation *Tailor*

10. Father's Birthplace *Germany*

Name of Medical Attendant, or other Person who makes this Return.

Address *209. Asguter St*

Remarks



of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH 89910

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2d

1. Sex, (state whether male or female)

male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

48 Peirce Street

4. Place of Birth, (Street and Number)

Nov 10th 1894

5. Full Name of Mother,

Harriet Thomas

6. Mother's Maiden Name,

Harriet Harrison

7. Mother's Birthplace,

Charles County, Va.

8. Full Name of Father,

Wilfred Thomas

9. Father's Occupation,

Writer

10. Father's Birthplace,

Charles County Va.

Name of Medical Attendant, or other Person who makes this Return.

Hester Adair

Address,

434 N. Monument St

Remarks,

or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH ⁸⁹⁹¹¹

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7d.

Sex, (state whether male or female) Female

Race or Color, (if not of the white race) White

Date of Birth, 10 November 1886

Place of Birth, (Street and Number) 925 Columbia Ave. No. 6

Full Name of Mother, Maggie Dahmer

Mother's Maiden Name, Eberhard

Mother's Birthplace, Rhinheim Baden

Full Name of Father, Louis Dahmer

Father's Occupation, Coal Oil Dealer

Father's Birthplace, Kniefingen Baden

Name of Medical Attendant, or other Person who makes this Return. Abra Bunge

Address, 826 Crow St 711

Remarks, admitted

of persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of \$10 dollars for each offence to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 89912

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)



1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

Novbr. 10th 86.

4. Place of Birth, (Street and Number)

15. Randall Street (old No. 57)

5. Full Name of Mother,

Mary Bernhardt.

6. Mother's Maiden Name,

Mary Wacker.

7. Mother's Birthplace,

Germany.

8. Full Name of Father,

Otto Bernhardt.

9. Father's Occupation,

Engineer.

10. Father's Birthplace,

Germany.

Name of Medical Attendant, or other Person who makes this Return.

Address,

Miss Anna Otto Bernhardt.

Remarks,

No. 300 Seadenhall St.

or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH ^{89913.}

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether male or female),

2. Race or Color (if not of the white race),

3. Date of Birth,

4. Place of Birth (Street and Number),

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

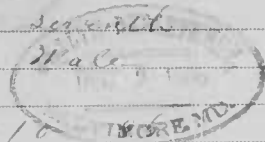
9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks,



1420 E Fayette St

Virginia H. Weiss

" " Black

Balto

Isaac Weiss

Germany

Iron Worker

Cherry St. Atwell

412 W. Long St

Persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

89914

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

9th

Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Nov 11. 1886

4. Place of Birth, (Street and Number)

183 N. Paca St.

5. Full Name of Mother,

Josephine Starkey

6. Mother's Maiden Name,

Butler

7. Mother's Birthplace,

Balt City

8. Full Name of Father,

Frank Starkey

9. Father's Occupation,

Watchmaker

10. Father's Birthplace,

Balt City

Name of Medical Attendant, or other Person who makes this Return.

Marbury Brewer M.D.

Address,

1034 McCulloh St.

Remarks,



Persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

89915

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

7th

Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Nov. 11th 1886

4. Place of Birth, (Street and Number)

Cor. Centre & Holliday St

5. Full Name of Mother,

Susan Roddy

6. Mother's Maiden Name,

Lally

7. Mother's Birthplace,

Ireland

8. Full Name of Father,

Bernard Roddy

9. Father's Occupation,

Restaurant

10. Father's Birthplace,

Ireland

Name of Medical Attendant, or other Person who makes this Return

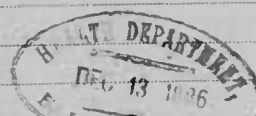
Mrs. Anna Skilleger

Address,

#1828 Monument St

Remarks,

1038 (See Number)



RETURN OF A BIRTH.

89916

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *5th*

Name: *Gustav J. Reguardt*

Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

wh

3. Date of Birth

Nov 11, 1886

4. Place of Birth, (Street and Number)

911 Park Ave

5. Full Name of Mother,

Britha Reguardt

6. Mother's Maiden Name,

Jaeger

7. Mother's Birthplace,

Germany

8. Full Name of Father,

J Fred Reguardt

9. Father's Occupation,

att: at law

10. Father's Birthplace,

Germany

Name of Medical Attendant,

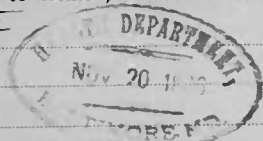
or other Person who makes this Return.

Arthur Atkinson M.D

Address,

Office 65 N. Charles St

Remarks,



report the birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

89917.

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether male or female)

Female

2. Race or Color (if not of the white race)

White

3. Date of Birth

November 11th 1886

4. Place of Birth (Street and Number)

1041 Bore St

5. Full Name of Mother

Mary Gerlach

6. Mother's Maiden Name

Mary Plummer

7. Mother's Birthplace

Balto city

8. Full Name of Father

Henry Gerlach

9. Father's Occupation

Can Maker

10. Father's Birthplace

Frederick City Md

Name of Medical Attendant, or other Person who makes this Return.

E. Michener M.D.

Address

154 S. S. Street

Remarks

or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

89918.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, Nov. 11/86

4. Place of Birth, (Street and Number) 172 Chestnut St

5. Full Name of Mother, Mary E. Niemiller

6. Mother's Maiden Name, Stack

7. Mother's Birthplace, Balt

8. Full Name of Father, Geo Niemiller

9. Father's Occupation, Mechanic

10. Father's Birthplace, Balt

Name of Medical Attendant, or other Person who makes this Return, Thomas, Opie M.D.

Address, 600 N Howard St

Remarks,



RETURN OF A BIRTH 89919

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *4th child*

1. Sex, (state whether male or female) *Boy*

2. Race or Color, (if not of the white race)

3. Date of Birth, *geboren den 11^{ten} November*

4. Place of Birth, (Street and Number) *N^o 130 Howard St.*

5. Full Name of Mother, *Charlotte Fellkopp*

6. Mother's Maiden Name, *Charlotte Schuler*

7. Mother's Birthplace, *Baltimore*

8. Full Name of Father, *Sebastian Fellkopp*

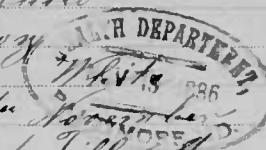
9. Father's Occupation, *Linmer*

10. Father's Birthplace, *Germania*

Name of Medical Attendant, or other Person who makes this Return, *Friederike Kaufmann*

Address, *N^o 514 S. Dallas St.*

Remarks, *H. b. m. m. e.*



or person who shall hereafter fill to comply with the provisions of this section, shall be subjected to the fine of ten (\$10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

89920

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

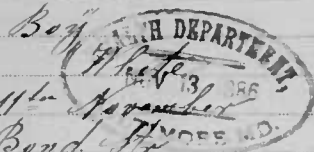
No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

4th Child

1. Sex, (state whether male or female)

Boy

2. Race or Color, (if not of the white race)



3. Date of Birth,

geboren den 11^{ten} November

4. Place of Birth, (Street and Number)

N^o 181. S. Bond. Str.

5. Full Name of Mother,

Lina Mier

6. Mother's Maiden Name,

Lina Bokke

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Louis Mier

9. Father's Occupation,

Sticker

10. Father's Birthplace,

Germania

Name of Medical Attendant, or other Person who makes this Return.

Friederike Kraufmann

Address, N^o 517 S. Dallas Str.

Remarks,

Hebammen

Persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

89921

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st Child

1. Sex, (state whether male or female)

girl

2. Race or Color, (if not of the white race)

3. Date of Birth,

geboren den 11. Nov. 1888

4. Place of Birth, (Street and Number)

No 53. Canal St.

5. Full Name of Mother,

Elisabeth Schreiner

6. Mother's Maiden Name,

Elisabeth Ward

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Fritz Schreiner

9. Father's Occupation,

Labor

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return.

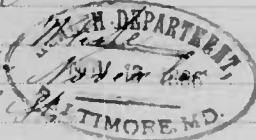
Friederike Kaufmann

Address,

No 51 1/2 S. Dallas St.

Remarks,

Hebammen



Persons who shall hereafter fail to comply with the provisions of this act, shall be subjected to the fine of ten dollars for each offence to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 89922.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

3. Date of Birth,

Nov. 11th 1896

4. Place of Birth, (Street and Number)

No. 901

5. Full Name of Mother,

Lillie Zinkand

6. Mother's Maiden Name,

Hitzelberger

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Andrew Zinkand

9. Father's Occupation,

Wood Turner

Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return.

Mrs. Louisa Schulte

Address,

No. 1800 Ohio St. cor. Ann

Remarks,

or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

89933

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) Boy.

2. Race or Color, (if not of the white race) Colored

3. Date of Birth, November 11

4. Place of Birth, (Street and Number) 205 Chestnut St.

5. Full Name of Mother, Julia Ann. Brady

6. Mother's Maiden Name, Julia Ann. Benson

7. Mother's Birthplace, Annamarion County

8. Full Name of Father, Westley Brady.

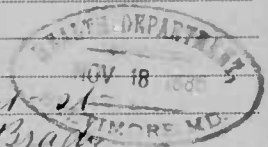
9. Father's Occupation, Color

10. Father's Birthplace, Carbort County

Name of Medical Attendant, or other Person who makes this Return. Harriet Jackson

Address, old 14, 1616 Huglass street

Remarks,



or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

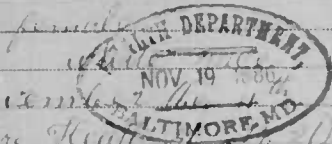
89924.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1-51

1. Sex, (state whether male or female)



2. Race or Color, (if not of the white race)

3. Date of Birth,

November 2, 1904
Baltimore Health Department

4. Place of Birth, (Street and Number)

Baltimore Health Department

5. Full Name of Mother,

Laura Brachman

6. Mother's Maiden Name,

Limmerman

7. Mother's Birthplace,

Washington DC

8. Full Name of Father,

Charles Brachman

9. Father's Occupation,

laborer

10. Father's Birthplace,

Piedmont DC

Name of Medical Attendant, or other Person who makes this Return

Elizabeth Halton

Address,

Light St No 12715

Remarks,

RETURN OF A BIRTH.

89925[^]

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *3rd child.*

1. Sex (state whether male or female) *Female,*

2. Race or Color (if not of the white race)

3. Date of Birth *11 of November, 1886.*

4. Place of Birth (Street and Number) *No 506, Beall's Alley.*

5. Full Name of Mother *Leahy, Mother, Dickmire,*

6. Mother's Maiden Name *Leahy, Father,*

7. Mother's Birthplace *Baltimore.*

8. Full Name of Father *Andy Dickmire,*

9. Father's Occupation *a Ubbolts.*

10. Father's Birthplace *Germany.*

Name of Medical Attendant, or other Person who makes this return.

Address *Midwife Maria Keller*

Remarks *No 538 Beall's Alley.*

RETURN OF A BIRTH

89926

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.)



1. Sex (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Nov 11th 1886

4. Place of Birth, (Street and Number)

No 105 Conway St

5. Full Name of Mother,

Amelia Neckhardt

6. Mother's Maiden Name,

Amelia Fisher

7. Mother's Birthplace,

Germany

8. Full Name of Father,

John Neckhardt

9. Father's Occupation,

Cabinet Maker

10. Father's Birthplace,

Germany

Name of Medical Attendant,

or other Person who makes this Return

T Edward Kirby M.D.

Address,

82 Columbia Avenue

Remarks,

or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

89927

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth

4. Place of Birth, (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks



Female
White
11 of Nov. 1891

No 35 West St

Ella Baydon

Ella Baydon

Baltimore

Frank R. Baydon

Home

Baltimore

Julius Grisham

No 127 West St

RETURN OF A BIRTH

89738

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2

Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

11th Nov 1876

4. Place of Birth, (Street and Number)

211 Hill

5. Full Name of Mother,

Lena Cook

6. Mother's Maiden Name,

Maria Kanner

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Charles Cook

9. Father's Occupation,

Laber

Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return.

J. Grisham

Address,

127 Hill

Remarks,



or persons who shall hereafter fail to comply with the provisions of this act, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 89929

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2nd Child.*

1. Sex, (state whether male or female) *Boy.*

2. Race or Color, (if not of the white race) *White.*

3. Date of Birth, *11th of November 1886.*

4. Place of Birth, (Street and Number) *old 327 new 1907 East Camden Street.*

5. Full Name of Mother, *Lina Hunt.*

6. Mother's Maiden Name, *Lina Chapman.*

7. Mother's Birthplace, *Baltimore.*

8. Full Name of Father, *John P. Chapman.*

9. Father's Occupation, *Clerk.*

10. Father's Birthplace, *Baltimore.*

Name of Medical Attendant, (or other Person who makes this Return) *Cecilia Kunkel.*

Address, *213 North Chapel Street per Justina Kunkel.*

Remarks, *Healthy.*

of persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

89930

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

4

Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

Colored

3. Date of Birth,

Nov 11. 1886

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

106. McCullin St

6. Mother's Maiden Name,

Hora Hess

7. Mother's Birthplace,

Hora Gellup North

8. Full Name of Father,

Joe Washington Hess

9. Father's Occupation,

Lab

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return.

Susan Morgan

Address,

10428 Harbman

Remarks,

or persons who shall hereunder fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

or persons who shall hereafter fail to comply with the provisions of this section, shall be subject to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH ^{89931.}

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Second*

Sex, (state whether male or female) *Female*

2. Race or Color, (if not of the white race)

3. Date of Birth, *Nov 11th 1886*

4. Place of Birth, (Street and Number) *# 47 St. Fremont St*

5. Full Name of Mother, *Ella A. Alban*

6. Mother's Maiden Name, *Ella A. Mulligan*

7. Mother's Birthplace, *Baltimore*

8. Full Name of Father, *Geo. H. Alban*

9. Father's Occupation, *Clerk*

Father's Birthplace, *Baltimore*

Name of Medical Attendant, *Susan Hunter*
or other Person who makes this Return

Address, *21 N. Poppleton St*

Remarks,



RETURN OF A BIRTH

899.32

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female).

2. Race or Color, (if not of the white race).

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,



colored
Nov 11/86
No 98 Belhel St.
Leah Jones
Darling
Baltimore
Robert Jones
Laborer
Baltimore
Mrs. Louise Kraft.
No 405 S Washington St.

or persons who shall hereafter fall in conformity with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered in other fines and forfeitures are recoverable.

RETURN OF A BIRTH

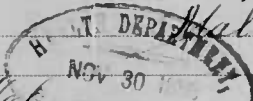
899 3.3

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

12

1. Sex, (state whether male or female)



Male

2. Race or Color, (if not of the white race)

3. Date of Birth,

Nov 1/86

4. Place of Birth, (Street and Number)

No 269 Lombard St.

5. Full Name of Mother,

Theresa Jenkins

6. Mother's Maiden Name,

Volk

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Sam Jenkins

9. Father's Occupation,

Laborer

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return.

Mrs. Louise Kraft

Address,

No 405 S Washington St.

Remarks,

or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

89934

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

Nov 11/36

4. Place of Birth, (Street and Number)

No 1826 Canton Ave.

5. Full Name of Mother,

Barbara Kaiser

6. Mother's Maiden Name,

Dier

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

John Kaiser

9. Father's Occupation,

Laborer

10. Father's Birthplace,

Baltimore

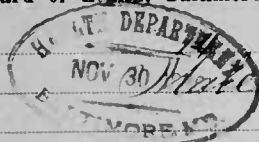
Name of Medical Attendant, or other Person who makes this Return.

Mrs. Louise Kraft

Address,

No 405 S. Washington St

Remarks,



of persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

89935

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

4th child

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth

Nov. 11/86

4. Place of Birth, (Street and Number)

206 N. Chestnut St.

5. Full Name of Mother

Franklin Wright

6. Mother's Maiden Name

" Cooper

7. Mother's Birthplace

Bald. City

8. Full Name of Father

D. R. Wright

9. Father's Occupation

Black & Saloman

10. Father's Birthplace

Bald. City

Name of Medical Attendant, or other Person who makes this Return

Rev. Mansfield M.D.

Address

50 S. Broadway

Remarks

or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

89936.

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

3d

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

11 Nov. 1884

4. Place of Birth, (Street and Number)

1103 N. Stricker

5. Full Name of Mother,

Emma Florence Rust

6. Mother's Maiden Name,

Cornthwait

7. Mother's Birthplace,

Balt.

8. Full Name of Father,

Eugene R. Rust

9. Father's Occupation,

Cann Maker

10. Father's Birthplace,

Worcester Co. Md.

Name of Medical Attendant, or other Person who makes this Return

Johns Hood

Address,

1403 W. Fayette St

Remarks,

RETURN OF A BIRTH 89937.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *First.*
1. Sex, (state whether male or female) *Male.*
2. Race or Color, (if not of the white race) *Black.*
3. Date of Birth, *Nov. 11th 1888*
4. Place of Birth, (Street and Number) *N. Lombard, 1137 1/2 W. Lombard St.*
5. Full Name of Mother, *Ella Gaffman,*
6. Mother's Maiden Name, *D.O.*
7. Mother's Birthplace, *Maryland,*
8. Full Name of Father, _____
9. Father's Occupation, _____
10. Father's Birthplace, _____
- Name of Medical Attendant, or other Person who makes this Return. *R. F. Calkins, M.D.*
- Address, *1137 1/2 W. Lombard St.*
- Remarks, _____

Persons who fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other laws and ordinances are recoverable.

RETURN OF A BIRTH 89938

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race)

3. Date of Birth, 12/11/1886

4. Place of Birth, (Street and Number) 309

5. Full Name of Mother, Katharina Singelbach

6. Mother's Maiden Name, Hermann

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Hermann Singelbach

9. Father's Occupation, Tailor

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return, Henry Thier

Address, 1427 E. Pratt St.

Remarks,

or persons who shall thereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

899369

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

Sex, (state whether male or female)

Race or Color, (if not of the white race)

Date of Birth,

Place of Birth, (Street and Number)

Full Name of Mother,

Mother's Maiden Name,

Mother's Birthplace,

Full Name of Father,

Father's Occupation,

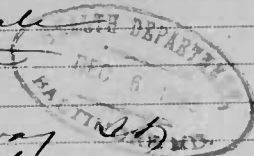
Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,

George L Shaw Father 4/9/37



RETURN OF A BIRTH 89940

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (~~state whether male or female~~)

2. Race or Color, (if not of the white race)

3. Date of Birth,

11/15 Nov 1886

4. Place of Birth, (Street and Number)

1215 W. Fayette

5. Full Name of Mother,

Emma J. Wilson

6. Mother's Maiden Name,

" " Gallion

7. Mother's Birthplace,

Ind

8. Full Name of Father,

Boardman W. Wilson

9. Father's Occupation,

Clerk

10. Father's Birthplace,

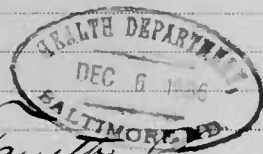
Ind

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,

W. C. La Fayette & Co.



report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (\$10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 199411

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Third*

1. Sex (state whether male or female), *Male*

2. Race or Color (if not of the white race),

3. Date of Birth, *Nov 11 86*

4. Place of Birth (Street and Number), *No 1116 E. Chase St*

5. Full Name of Mother, *Anna E. Carroll*

6. Mother's Maiden Name, *" " Stewart*

7. Mother's Birthplace, *Baltimore*

8. Full Name of Father, *Geo M. Carroll*

9. Father's Occupation, *Car Conductor*

10. Father's Birthplace, *Baltimore*

Name of Medical Attendant, or other person who makes this Return, *Henry J. Stewart*

Address, *412 " Lombard St*

Remarks,



Who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

89942

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Second*

Sex, (state whether male or female) *Female*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *November 11*

4. Place of Birth, (Street and Number) *61 Carlton Street*

5. Full Name of Mother, *Carleen Henrietta Schmitt*

6. Mother's Maiden Name, *Carleen Henrietta Least*

7. Mother's Birthplace, *Baltimore*

8. Full Name of Father, *William G Schmitt*

9. Father's Occupation, *Car Driver*

10. Father's Birthplace, *Germany*

Name of Medical Attendant; or other Person who makes this Return.

Mrs. W. Manuel Midwife

Address,

No. 10 Pearl St.

Remarks,

RETURN OF A BIRTH 89945

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, 11 November

4. Place of Birth, (Street and Number) 535 Hammond Street

5. Full Name of Mother, Mallie Kasing

6. Mother's Maiden Name, Beck

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Fredrik W. Kasing

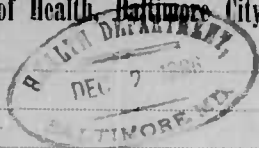
9. Father's Occupation, Tailor

10. Father's Birthplace, Germany

Name of Medical Attendant, or other Person who makes this Return, Miss Murch

Address, 616 Lexington St.

Remarks,



For each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

89944

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

3rd

Sex, (state whether male or female)

Male

Race or Color, (if not of the white race)

White

Date of Birth,

Nov 12th 1886

Place of Birth, (Street and Number)

2107 E. 1st St.

Full Name of Mother,

Henrietta M. Arnold

Mother's Maiden Name,

" " " " " "

Mother's Birthplace,

Baltimore

Full Name of Father,

Wm. J. Arnold

Father's Occupation,

Carriage Driver

Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return.

Dr. J. C. Cook

Address,

Remarks,

Persons who shall heretofore fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

89945

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

3

Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

W. C.

3. Date of Birth

12th

4. Place of Birth, (Street and Number)

124 4th St

5. Full Name of Mother

Bridget Lee

6. Mother's Maiden Name

Bridget Tolin

7. Mother's Birthplace

Ireland

8. Full Name of Father

Patrick Lee

9. Father's Occupation

Labourer

10. Father's Birthplace

Ireland

Name of Medical Attendant, or other Person who makes this Return

S. G. W. M. Lee

Address

127 1st St

Remarks



for each office use to be recovered as other forms and certificates are recoverable.

RETURN OF A BIRTH 89946

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7.

1. Sex, (state whether male or female) male.

2. Race or Color, (if not of the white race) white.

3. Date of Birth, 12. November

4. Place of Birth, (Street and Number) N. 58 Stockton Street.

5. Full Name of Mother, Juliana Weber.

6. Mother's Maiden Name, Juliana Hoff.

7. Mother's Birthplace, Bavaria Germany.

8. Full Name of Father, Erhard Weber.

9. Father's Occupation, Harvester.

10. Father's Birthplace, Baden Germany.

Name of Medical Attendant, or other Person who makes this return, Mr. L. L. L.

Address, 20 North Schaefer St.

Remarks, _____



RETURN OF A BIRTH ⁸⁹⁹⁴⁷

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 *Frances Earnest*

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Nov. 17 1886

4. Place of Birth, (Street and Number)

No. 66 Light St.

5. Full Name of Mother,

Frances Earnest

6. Mother's Maiden Name,

Saman

7. Mother's Birthplace,

Prussia

8. Full Name of Father,

Saman Earnest

9. Father's Occupation,

Painter

10. Father's Birthplace,

Prussia

Name of Medical Attendant, or other Person who makes this Return.

Annie Earnest

Address,

No. 66 Light St.

Remarks,

OTHER NAME ADDED 3-31-53



for each office to be recovered as other fine and forfeitures are recoverable.

RETURN OF A BIRTH 89948

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

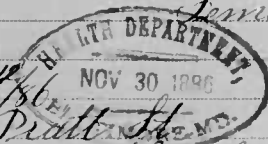
9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,



2
Female
Nov 26
136
25
Pratt St. MD.
Regina Homfeld
Schfermann
Baltimore
Henry Homfeld
Carpenter
Germany
Mrs. Louise Kraft.
No 405 S Washington St.

RETURN OF A BIRTH 89949

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother.

6. Mother's Maiden Name.

7. Mother's Birthplace.

8. Full Name of Father.

9. Father's Occupation.

10. Father's Birthplace.

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,

14
male
Colord
Nov 12. 1886
Parish Aley
Rosetta Handy.
Baltimore Handy
John Handy
Huckster
Eastern shore Md
Eliza Foster
405 old new 16.04 Vincennes
very. Good.



RETURN OF A BIRTH 89950

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

● Sex (state whether male or female), Male

2. Race or Color (if not of the white race),

3. Date of Birth,

4. Place of Birth (Street and Number),

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

● Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks,

Nov 12 - 1886

N. Dallas 247

Barbara Jime

Hranicke

Bohemian

August Jime

Tailor

Bohemian

Josephine Conrad

20 Barnes St

RETURN OF A BIRTH

89951

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, 12 Nov 1885

4. Place of Birth, (Street and Number) 739 N. Mount St.

5. Full Name of Mother, H. Fannie Chalk

6. Mother's Maiden Name, Ebaugh

7. Mother's Birthplace, Carroll Co., Md.

8. Full Name of Father, Charles F. Chalk

9. Father's Occupation, Milk Dealer

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who make this Return John Hood

Address, 1403 N. Fayette St.

Remarks,

RETURN OF A BIRTH

89952

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Second,

1. Sex, (state whether male or female)

Male.

2. Race or Color, (if not of the white race)

Black.

3. Date of Birth,

Nov. 12th, 1894.

4. Place of Birth, (Street and Number)

Alameda, 1134 115 W. Lombard St.

5. Full Name of Mother,

Willie Gain

6. Mother's Maiden Name,

D. O.

7. Mother's Birthplace,

Maryland,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return

L. F. Arkheim M.D.

Address,

1134 115 W. Lombard St.

Remarks,

For each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

GIVEN NAME ADDED 9-14-54

89953

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

William Balthasar Burkheimer

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

3. Date of Birth,

November 12th 1886

4. Place of Birth, (Street and Number)

No. 71 S. Charles St. near

5. Full Name of Mother,

Caroline Burkheimer

6. Mother's Maiden Name,

Kraft

7. Mother's Birthplace,

New Darmstadt Germany

8. Full Name of Father,

William Burkheimer

9. Father's Occupation,

Baker

10. Father's Birthplace,

New Darmstadt

Name of Medical Attendant, or other Person who makes this Return.

Miss Munch

Address,

No. 300 Seadenhall St.

Remarks,



For each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 89954

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

7



1. Sex, (state whether ~~male~~ or female)

2. Race or Color, (if not of the white race)

3. Date of Birth, 12 to November

4. Place of Birth, (Street and Number) James Alley 21

5. Full Name of Mother, Elisabeth Brom

6. Mother's Maiden Name, Dwyer

7. Mother's Birthplace, Danbury Conn

8. Full Name of Father, Rudolph Brom

9. Father's Occupation, Carpenter

10. Father's Birthplace, Danbury Conn

Name of Medical Attendant, or other Person who makes this Return, Miss March

Address, 1500 Seadenhall St.

Remarks,

For each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 89955

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Sex, (state whether male or female) *Female*

2. Race or Color, (if not of the white race) *Colored*

3. Date of Birth, *December 11th 1888*

4. Place of Birth, (Street and Number) *26 Carr Street*

5. Full Name of Mother,

6. Mother's Maiden Name, *Louise Seaton*

7. Mother's Birthplace, *Calvert County Eastern Shore*

8. Full Name of Father, *Jack Johnson*

9. Father's Occupation, *Croft's Truckee*

10. Father's Birthplace, *Alabama*

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,



For each offence to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

89957

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

Second

Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth.

Nov 13th 1880

4. Place of Birth, (Street and Number)

573

W. Fayette St

5. Full Name of Mother,

Henrietta Spear

6. Mother's Maiden Name,

Henrietta Kruehmer

7. Mother's Birthplace,

Baltimore, Md

8. Full Name of Father,

Asa Spear

9. Father's Occupation,

Shoe Dealer

Father's Birthplace,

Germany

Name of Medical Attendant, or other Person who makes this return.

John McCombs, M.D.

Address, No. 118 E. Franklin St

Remarks,

or persons who shall hereafter fail to comply with the provisions of this section, shall be, so far as the law of this city extends, for each offense to be recovered as other laws and ordinances are recoverable.

RETURN OF A BIRTH 89758

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *First*

1. Sex, (state whether male or female) *Female*

2. Race or Color, (if not of the white race) *W.*

3. Date of Birth, *Nov. 13th 1886*

4. Place of Birth, (Street and Number) *# 144 Selmar Place*

5. Full Name of Mother, *Theresa Freuburger*

6. Mother's Maiden Name, *Phillips*

7. Mother's Birthplace, *Baltimore*

8. Full Name of Father, *Edward Freuburger*

9. Father's Occupation, *Machinist*

10. Father's Birthplace, *Baltimore*

Name of Medical Attendant, or other Person who makes this Return, *Mary Hood*

Address, *# 328 S. Euter St.*

Remarks,

or persons who shall hereafter fail to comply with the provisions of this act, shall be subject to be fined in any sum not exceeding \$100 for each offense to be recovered as other fines and forfeitures are recoverable.

the Commissioner of Health. In the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 89959

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex (state whether male or female), male

2. Race or Color (if not of the white race),

3. Date of Birth, 14th Nov. 18 Nov 19 1886

4. Place of Birth (Street and Number), 911 McWhorter St

5. Full Name of Mother, Jennie Shakespeare

6. Mother's Maiden Name, " Brughlee

7. Mother's Birthplace, Balt

8. Full Name of Father, Warren Shakespeare

9. Father's Occupation, Mechanic

10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return, A. W. Webster, M.D.

Address, 106 Barnes St

Remarks,

RETURN OF A BIRTH 7960

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. Sex, (state whether male or female) female male

2. Race or Color, (if not of the white race) White

3. Date of Birth, November 13 1886

4. Place of Birth, (Street and Number) 340 N. Liberty

5. Full Name of Mother, Christenmer Hunkhrey

6. Mother's Maiden Name, Christenmer Brunnell

7. Mother's Birthplace, Maryland

8. Full Name of Father, Millard J. Hunkhrey

9. Father's Occupation, Hauler

10. Father's Birthplace, Baltimore City

Name of Medical Attendant, or other Person who makes this Return Nancy J. Grogan

Address N. Liberty

Remarks,

within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall heretofore fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offense, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH ⁸⁹⁹⁶¹

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (~~state whether 1st, 2d, 3d, &c.~~)

Sex, (~~state whether male or female~~)

2. Race or Color, (~~if not of the white race~~)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,

Nov 13/86.
163 Carrollton Ave.
Emma V. Hornet,
Emma V. Mulliman,
Baltimore County, Md.
J. Wm. Hornet.
Merchant.
Baltimore City, Md.
John I. R. Sprague, M.D.
662 Lexington St.

for each offence to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 89962

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d. &c.)

Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

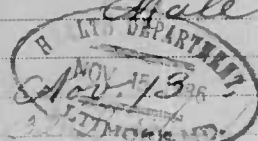
9. Father's Occupation,

Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,



Male
616
Nov. 13, 1886
Baltimore, Md.
Ginnie Colwell

White

America

George Colwell

Baltimore, Md.

Charlton

John W. Colwell

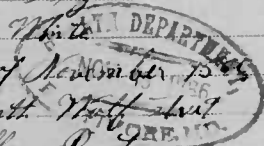
330

RETURN OF A BIRTH

89963

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *5th Child*
1. Sex, (state whether male or female) *Boy*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *13th of November 1896*
4. Place of Birth, (Street and Number) *old no 69 218 South North Street*
5. Full Name of Mother, *Esabella Purdy*
6. Mother's Maiden Name, *Esabella Bachheise*
7. Mother's Birthplace, *Baltimore*
8. Full Name of Father, *Benjamin Bachheise*
9. Father's Occupation, *Laborman*
10. Father's Birthplace, *Germany*
- Name of Medical Attendant, or other Person who makes this Return, *Crescencia Kunkel*
- Address, *old 71 213 North Chapel Street per Justina Kunkel*
- Remarks, *Healthy*



For each offense to be recovered as other laws and ordinances are rec-2210.

RETURN OF A BIRTH

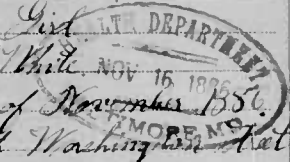
89964

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st Child

1. Sex, (state whether male or female)



2. Race or Color, (if not of the white race)

White

3. Date of Birth,

13th of November 1896

4. Place of Birth, (Street and Number)

29 100 North Washington St

5. Full Name of Mother,

Annie Schneider

6. Mother's Maiden Name,

Annie Maurer

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Louis Maurer

9. Father's Occupation,

Cutter

10. Father's Birthplace,

Germany

Name of Medical Attendant, or other Person who makes this Return.

Crescentia Kunkel

Address,

231 North Chapel St for Justina Kunkel

Remarks,

Delivered

for each offense to be recovered as other laws and ordinances are recoverable.

RETURN OF A BIRTH

89465

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

67

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

white

3. Date of Birth,

Nov. 13th

4. Place of Birth, (Street and Number)

207 William st.

5. Full Name of Mother,

Margaret Wicklein

6. Mother's Maiden Name,

Frank

7. Mother's Birthplace,

Balto.

8. Full Name of Father,

Henry Wicklein

9. Father's Occupation,

Cooper

10. Father's Birthplace,

New Jersey

Name of Medical Attendant, or other Person who makes this Return.

C. L. Lindenberg

Address,

166 S. Paca st

Remarks,



Persons who shall be the cause of the death of any person, or persons who shall hereafter, all to comply with the provisions of this section, shall be subjected to the fine of ten (\$10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

GIVEN NAME ADDED 6-17-52 RETURN OF A BIRTH

89966

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: George Edmund Sweitzer

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, 11-13-1886

4. Place of Birth, (Street and Number) Harbottle Lane

5. Full Name of Mother, May Sweitzer

6. Mother's Maiden Name, Chapman

7. Mother's Birthplace, Baltimore, Md.

8. Full Name of Father, John Sweitzer

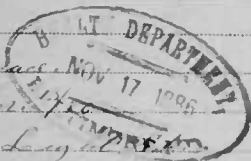
9. Father's Occupation, Coffin

10. Father's Birthplace, Baltimore, Md.

Name of Medical Attendant, or other Person who makes this Return, Anna Gans

Address, No. 688 E. Light St.

Remarks, _____



Persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten, (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

89967

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant,

or other Person who makes this Return.

Address,

Remarks,

Male

White

November 13

Wilkes

Elizabeth Murphy

Elizabeth Glise

Baltimore

William Murphy

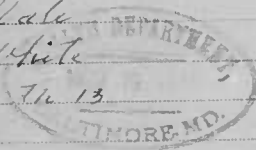
Shoe Maker

Baltimore

M. B. Gasky

No. 213 North St

Doing well



RETURN OF A BIRTH ⁸⁹⁹⁶⁸

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) One

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) Colored

3. Date of Birth, Nov 28th 1886

4. Place of Birth, (Street and Number) No 2 Regester St 64

5. Full Name of Mother, _____

6. Mother's Maiden Name, Sarah Robison

7. Mother's Birthplace, Greenland Shore

8. Full Name of Father, _____

9. Father's Occupation, _____

10. Father's Birthplace, _____

Name of Medical Attendant, or other Person who makes this Return, Lucanolia O. Portland

Address, 130 Regester St

Remarks, _____

Persons who shall heretofore fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

84969

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

The 5th

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Nov 13 1886

4. Place of Birth, (Street and Number)

Belair Avenue

5. Full Name of Mother,

Lena Pfeffer Buchler

6. Mother's Maiden Name,

Lena Pfeffer

7. Mother's Birthplace,

Germany

8. Full Name of Father,

August Buchler

9. Father's Occupation,

Lines

10. Father's Birthplace,

Germany

Name of Medical Attendant, or other Person who makes this Return,

Mrs. Brown

Address,

No 6 6 Leister st Belair Ave

Remarks,



or persons who shall heretofore fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 89970

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2d

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Nov. 13th 1886

4. Place of Birth, (Street and Number)

806 N. Pratt St.

5. Full Name of Mother,

Helen Wagner

6. Mother's Maiden Name,

Holland

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

John B. Wagner

9. Father's Occupation,

Barber

10. Father's Birthplace,

Germany

Name of Medical Attendant, or other Person who makes this Return.

H. W. Weber, M.D.

Address,

824 W. Lombard St.

Remarks,



If returned to the Registrar of Vital Statistics, Baltimore City, the provisions of this section, shall be subject to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

89971

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,

Persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other laws and forfeitures are recoverable.

any person who shall hereafter fail to comply with the provisions of this section, shall be subject to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

89912

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

115

1. Sex, (state whether male or female).

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Nov 13 1916

4. Place of Birth, (Street and Number)

65 S. ...

5. Full Name of Mother,

Lucy ...

6. Mother's Maiden Name,

Glenn ...

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Edw. Glenn

9. Father's Occupation,

Sept. ...

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return.

A. L. S. ...

Address,

387 W. Lombard

Remarks,

or persons who shall register fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

GIVEN NAME ADDED

5-19-86

89973

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: *Elizabeth M. Wright* 4" child

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Sex, (state whether male or female) *Female*

2. Race or Color, (if not of the white race) *white*

3. Date of Birth, *Nov. 13/86*

4. Place of Birth, (Street and Number) *261 E. Pratt St. Baltimore, Md.*

5. Full Name of Mother, *Ada W. Wright*

6. Mother's Maiden Name, *" " Svissa*

7. Mother's Birthplace, *Bald.*

8. Full Name of Father, *Broadford H. Wright*

9. Father's Occupation, *Printer*

10. Father's Birthplace, *Bald.*

Name of Medical Attendant, or other Person who makes this Return, *R. W. Mansfield M.D.*

Address, *50 S. Broadway*

Remarks,

RETURN OF A BIRTH

89974.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

Gertrude - Castello



metz

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2nd

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Nov 13th 1886

4. Place of Birth, (Street and Number)

730 Bane St

5. Full Name of Mother,

(Ellen Metz)

6. Mother's Maiden Name,

Smith

7. Mother's Birthplace,

Baltimore Md

8. Full Name of Father,

Robert Metz

9. Father's Occupation,

Salesman

10. Father's Birthplace,

Baltimore City

Name of Medical Attendant, or other Person who makes this Return.

W. Hurley

Address,

26 S. Pease St

Remarks,

GIVEN NAME ADDED.

12-3-51

RETURN OF A BIRTH 89975

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

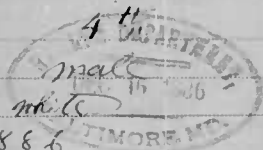
9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or Person who makes this Return.

Address,

Remarks,



Nov 13th 1886

126 Poppleton St City

Minnie Reisinger

Minnie Schurig

Moore Germany

George Reisinger

Shoemaker

Hessen Germany

Mr. Schmitt

100 North Schermer St

RETURN OF A BIRTH

89976

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female) *it is a female*

2. Race or Color, (if not of the white race) *col. & ol.*

3. Date of Birth, *Born November 13 + 1886*

4. Place of Birth, (Street and Number) *Stocklin alley 517 Baltimore*

5. Full Name of Mother, *Mary Charleen Goldman*

6. Mother's Maiden Name, *Mary Thomas*

7. Mother's Birthplace, *Hermaer county Md*

8. Full Name of Father, *Charles Henry Thomas*

9. Father's Occupation, *Scow man for clark and cur run.*

10. Father's Birthplace, *Sent Mary county Md*

Name of Medical Attendant, or other Person who makes this Return.

Address, *Margaret Goldblum*

Remarks, *519 balton Street*

Return the birth to the Commissioner of Health of the Baltimore City and within the period above required, and any such period shall be subject to the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other data and forfeitures are recoverable.

RETURN OF A BIRTH 89977

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

3d

1. Sex, (state whether male or female)

female

2. Race or Color, (if not of the white race)

Colored

3. Date of Birth,

Nov 13th

4. Place of Birth, (Street and Number)

Bumbeland St

5. Full Name of Mother,

Annie Thomas

6. Mother's Maiden Name,

Annie Spiggs

7. Mother's Birthplace,

Calvert County

8. Full Name of Father,

Richard Thomas

9. Father's Occupation,

laborer

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return,

Sarah Rollins

Address,

Remarks,

repairs its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (\$10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 89978

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 11th

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) white

3. Date of Birth, Nov 13th 1885

4. Place of Birth, (Street and Number) 600 Station St

5. Full Name of Mother, Lena Baker

6. Mother's Maiden Name, Koenitzer

7. Mother's Birthplace, Germany

8. Full Name of Father, Wm Baker

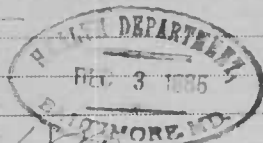
9. Father's Occupation, Shoe Repair

10. Father's Birthplace, Germany

Name of Medical Attendant, or other Person who makes this Return, Mrs R. J. [unclear]

Address, 809 [unclear] St

Remarks,



any persons who shall neglect to comply with the provisions of this section, shall be subjected to the fine of ten (\$10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH ⁸⁹⁹⁷⁹

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

(89979)

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race)

3. Date of Birth, Nov 13 1896

4. Place of Birth, (Street and Number) 1429 George St.

5. Full Name of Mother, Mary E. Greely

6. Mother's Maiden Name, Mr. Cherry

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Joseph Greely

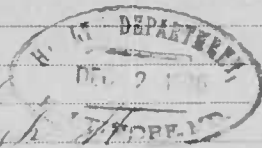
9. Father's Occupation, Wine

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return, Mary Ann

Address, 1429 E. Pratt St.

Remarks,



Persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 89980

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether male or female),

2. Race or Color (if not of the white race),

3. Date of Birth,

4. Place of Birth (Street and Number),

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks,



MAR 13 - 1887

1213 Gough St.

Lyla Bartlett
Callet

Baltimore

Arthur Bartlett

Clerkman on P. & M. B.

Baltimore

May 1887

1427 G. Pratt St.

RETURN OF A BIRTH.

89981

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

1st.

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

3. Date of Birth

Nov. 13. 1886

4. Place of Birth, (Street and Number)

1512 Orleans St.

5. Full Name of Mother,

Mrs. Maggie Schley Wahl

6. Mother's Maiden Name,

Miss Maggie Stacey

7. Mother's Birthplace,

Balt. Md.

8. Full Name of Father,

Louis Wahl Jr.

9. Father's Occupation,

Up holster

10. Father's Birthplace,

Balt. Md.

Name of Medical Attendant, or other Person who makes this Return.

G. G. Kemp M.D.

Address,

2000 E. Balt. St.

Remarks,

Natural delivery

Persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 89982

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 11th.

1. Sex (state whether male or female),

Female

2. Race or Color (if not of the white race),

White

3. Date of Birth,

November 13th 1886

4. Place of Birth (Street and Number),

No. 551 E. Fayette St.

5. Full Name of Mother,

Mary Foster

6. Mother's Maiden Name,

Mary Powers

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Julius Foster

9. Father's Occupation,

Carpenter

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other person who makes this Return.

M. A. Bull

Address, 185 S.E. cor Central av. V Monument St.

Remarks, All Well



Report as to the occurrence of birth, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other laws and ordinances are recoverable.

RETURN OF A BIRTH

89983

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Fifth

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

3. Date of Birth,

Nov 13

4. Place of Birth, (Street and Number)

Baltimore No 141 Ridgely st

5. Full Name of Mother,

Mahley Wald

6. Mother's Maiden Name,

Mahley Jenkins

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Patrick Wald

9. Father's Occupation,

Wagon Driver

10. Father's Birthplace,

Ireland

Name of Medical Attendant, or other Person who makes this Return,

Mrs M. Shaffer

Address,

135 Ridgely st.

Remarks,



the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to do so shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 89984

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Fourth

1. Sex (state whether male or female),

2. Race or Color (if not of the white race),

3. Date of Birth,

Nov 1 1886

4. Place of Birth (Street and Number),

St. 420 N. 10th

5. Full Name of Mother,

Eale Parr

6. Mother's Maiden Name,

" Doyle

7. Mother's Birthplace,

Balto

8. Full Name of Father,

Adam Parr

9. Father's Occupation,

Cart Driver

10. Father's Birthplace,

Balto

Name of Medical Attendant, or other person who makes this Return.

Henry A. McNeill

Address, 912 N. Lombard St

Remarks,

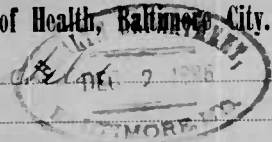


CERTIFICATE CORRECTED 72 7 56

RETURN OF A BIRTH 89985

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: *William Estella Tarr*
 No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st* Date *7 1926*



1. Sex, (state whether male or female) *Female*

2. Race or Color, (if not of the white race)

3. Date of Birth, *Nov 13 1886*

4. Place of Birth, (Street and Number) *127 (R. Register) 1*

5. Full Name of Mother, *Eugene (Tarr) Tarr*

6. Mother's Maiden Name, *Bedson*

7. Mother's Birthplace, *Bichy*

8. Full Name of Father, *William (Tarr) Tarr*

9. Father's Occupation, *Chair factory*

10. Father's Birthplace, *Priddy*

Name of Medical Attendant, or other Person who makes this Return. *Lizzy Bick*

Address, *100 B. B. B.*

Remarks,

or persons who shall hereafter fail to comply with the provisions of this section, shall be subject to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH, 89986

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether male or female) *Male Female*

2. Race or Color, (if not of the white race) *Color*

3. Date of Birth *Nov 13th 1886*

4. Place of Birth, (Street and Number) *Chart Hill No 8*

5. Full Name of Mother *Annie Tate*

6. Mother's Maiden Name *Annie Hour*

7. Mother's Birthplace *Baltimore*

8. Full Name of Father *William Hour*

9. Father's Occupation *Struct drower*

10. Father's Birthplace *Baltimore*

Name of Medical Attendant, or other Person who makes this Return.

Paul Britten

Address *10 Lee St 55*

Remarks



report his birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH ⁸⁹⁹⁸⁷

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, ~~2d, 3d, &c.~~) *First*

1. Sex, (state whether male or female) *Female*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *Nov 17th 1886*

4. Place of Birth, (Street and Number) *Orleans St No 24*

5. Full Name of Mother, *Charlotte Melissa Richard*

6. Mother's Maiden Name, *" " Williams*

7. Mother's Birthplace, *Balto Md*

8. Full Name of Father, *James Edward Richard*

9. Father's Occupation, *Photographer*

10. Father's Birthplace, *Balto Md*

Name of Medical Attendant, or other Person who makes this Return, *J T Spicknall MD*

Address, *No 24 North Patterson Park Ave*

Remarks,



RETURN OF A BIRTH 89988

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) W.

3. Date of Birth, Nov 14th 18

4. Place of Birth, (Street and Number) # 906 Warren St.

5. Full Name of Mother, Frances Heintzerling

6. Mother's Maiden Name, Meekins

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Augustus Heintzerling

9. Father's Occupation, Bookman

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return, Wm. H. H.

Address, # 328 S. Eutaw St.

Remarks,

Persons who shall heretofore fail to comply with the provisions of this section, shall be subjected to the fine of five to ten dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 89989

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th
1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) white
3. Date of Birth, November 19 1888
4. Place of Birth, (Street and Number) Baltimore Health DEPARTMENT
BALTIMORE, MD.
5. Full Name of Mother, Sarah Kooper
6. Mother's Maiden Name, Schmidt
7. Mother's Birthplace, Baltimore
8. Full Name of Father, B. Allen Kooper
9. Father's Occupation, Carpenter
10. Father's Birthplace, Baltimore
- Name of Medical Attendant, or other Person, who makes this Return, Elizabeth Scatterer
- Address, Light St. No. 301514
- Remarks,

RETURN OF A BIRTH 89990

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, 14th of Nov.

4. Place of Birth, (Street and Number) 821 N. Caroline St.

5. Full Name of Mother, Betty Rosenheim

6. Mother's Maiden Name, " Frank

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Gustav Rosenheim

9. Father's Occupation, Salesman

10. Father's Birthplace, Germany

Name of Medical Attendant, or other Person who makes this Return, Mary Walters

Address, 821 N. Caroline St.

Remarks,



report the birth to the Registrar of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 89991

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 5

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth November 14

4. Place of Birth, (Street and Number) Randell St

5. Full Name of Mother, Mary Wolf

6. Mother's Maiden Name, Mary Taylor

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Fredrick Wolf

9. Father's Occupation, Bar Keeper

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return. M. R. Caskey

Address, No 213 North St

Remarks, Dying well

Report the birth to the Commissioner of Health, in the manner and within the time after required, and pay each person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 89992

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.)

1. Sex. (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace.

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks.



Male

White

Sunday Nov 14th 1886

20 Selma Place, Brown Street

Louisa Jane Stanton

Wester

Bellvue City, Md.

Leonidas Wallington Stanton

Post

Richville, Montgomery Co.

Charles Holmes

410. N. Howard Street

RETURN OF A BIRTH ^{89993.}

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1 Child

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

3. Date of Birth,

Nov 14th 1891

4. Place of Birth, (Street and Number)

No. 116 Monroe St. 2

5. Full Name of Mother,

Sarah C. Marney

6. Mother's Maiden Name,

" " " City

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

William Marney

9. Father's Occupation,

Shoemaker

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return.

Annie Simons

Address,

No. 116 S. Calhoun St.

Remarks,

or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

89994

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2nd
Small

1. Sex (state whether male or female),

2. Race or Color (if not of the white race),

3. Date of Birth,

Nov 14th 1886

4. Place of Birth (Street and Number),

1811 E. Fayette St.

5. Full Name of Mother,

Emily S. Higgins

6. Mother's Maiden Name,

A. Adams

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Alfred H. Higgins

9. Father's Occupation,

Pilot

10. Father's Birthplace,

Centerville, New Hampshire

Name of Medical Attendant, or other person who makes this Return.

Edward P. McDevitt

Address,

208 Airyville St.

Remarks,

who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (\$10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

89995

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 6th
1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth Nov 14th
4. Place of Birth, (Street and Number) 812 Saratoga St
5. Full Name of Mother, Mrs. Minnie Wehrenberg
6. Mother's Maiden Name, Minnie Süchtling
7. Mother's Birthplace, "Germany"
8. Full Name of Father, Fred. W. Wehrenberg
9. Father's Occupation, Box maker
10. Father's Birthplace, Germany
- Name of Medical Attendant, or other Person who makes this Return. A. J. Hill M.D.
- Address, Edmondson and Schwalder St
- Remarks,



report the birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 89996.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 121-

1. Sex, (state whether male or female) female

2. Race or Color, (if not of the white race) white

3. Date of Birth November 24, 1884

4. Place of Birth, (Street and Number) 13 West 1st

5. Full Name of Mother, Emma D. Heather

6. Mother's Maiden Name, " Bennett

7. Mother's Birthplace, Balt.

8. Full Name of Father, Charles H. Heather

9. Father's Occupation, Underwriter

10. Father's Birthplace, Balt.

Name of Medical Attendant, or other Person who makes this Return. Dr. Strull (Jock)

Address, 403 E. Euter 4-

Remarks,

report its birth in the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH ⁸⁹⁹⁹⁷

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

4

(89997)

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

3. Date of Birth,

Nov 14 - 1956

4. Place of Birth, (Street and Number)

1533 Langgaster St.

5. Full Name of Mother,

Kate Anderson

6. Mother's Maiden Name,

Cunningham

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

John Anderson

9. Father's Occupation,

Laborer

10. Father's Birthplace,

Phila. Pa.

Name of Medical Attendant, or other Person who makes this Return.

Mary Stein

Address,

11427 E. Pratt St.

Remarks,

Persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

89998.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex (state whether male or female), Female

2. Race or Color (if not of the white race),

3. Date of Birth, Apr. 14-1898 (48 St. Bethel St.)

4. Place of Birth (Street and Number),

5. Full Name of Mother, Flora Thomas

6. Mother's Maiden Name,

7. Mother's Birthplace, Baltimore

8. Full Name of Father, not known

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return, Mary Shinn

Address, 1427 1/2 Pratt St.

Remarks,

who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recovered.

RETURN OF A BIRTH.

89999

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd
1. Sex (state whether male or female) Male
2. Race or Color (if not of the white race) W
3. Date of Birth Nov. 15 1886
4. Place of Birth (Street and Number) 320 E. Fayette St. (Old Jew)
5. Full Name of Mother John H. Murphy
6. Mother's Maiden Name Ida Saiger
7. Mother's Birthplace Baltimore Md.
8. Full Name of Father John H. Murphy
9. Father's Occupation Clerk
10. Father's Birthplace Baltimore Md.
- Name of Medical Attendant, or other Person who makes this Return. Mrs. S. Smith
- Address No. 4 S. Broadway
- Remarks

or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

GIVEN NAME ADDED, V - 3 - 59 910004
RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4 Hattie Ginsburg

1. Sex, (state whether male or female) female

2. Race or Color, (if not of the white race) white

3. Date of Birth, Nov 12 1886

4. Place of Birth, (Street and Number) 25 N. E. St.

5. Full Name of Mother, Anna Ginsburg

6. Mother's Maiden Name, Black

7. Mother's Birthplace, Europe

8. Full Name of Father, Ignace Ginsburg

9. Father's Occupation, Tailor

10. Father's Birthplace, Europe

Name of Medical Attendant, or other Person who makes this Return, M. W. B. Bernstein

Address, 122 N. E. St.

Remarks,



RETURN OF A BIRTH

90001

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. ☒ Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) male

2. Race or Color, (if not of the white race) Colored

3. Date of Birth, Nov 14

4. Place of Birth, (Street and Number) 242 Vine St

5. Full Name of Mother, Ella Black

6. Mother's Maiden Name, Ella Johnson

7. Mother's Birthplace, Danville Va

8. Full Name of Father, Milton Black

9. Father's Occupation, Doctor

10. Father's Birthplace, Baltimore

* Name of Medical Attendant, or other Person who makes this Return Mrs. Mills Black

Address, 53. Carlton St.

Remarks, Healthy Strong

Persons making this return shall be held responsible for the accuracy of the facts given, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

GIVEN NAME ADDED 6-10-58
RETURN OF A BIRTH 90002

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Grace E. Harman 11th
No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,

Female
White
Nov 14 1886
127 Washington Ave
May, E. Harman
in in Olmsted
City
Geo Harman
Agar Making
City
John D. Blake



RETURN OF A BIRTH 90003

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd Child

1. Sex, (state whether ~~male~~ or female)

2. Race or Color, (if not of the white race) White

3. Date of Birth, Novbr the 14. 1886

4. Place of Birth, (Street and Number) Hampstead St. No 87

5. Full Name of Mother, Maggie Moony

6. Mother's Maiden Name, Maggie Sloan

7. Mother's Birthplace, Balt^o City

8. Full Name of Father, John Moony

9. Father's Occupation, Laborer

10. Father's Birthplace, Balt^o City

Name of Medical Attendant, or other Person who makes the Return, Mary E. Muller

Address, W. Dallas St. No 114 new Loc

Remarks,

or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 90004

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (~~state whether~~ 1st, 2d, 3d, &c.)

1. Sex, (~~state whether~~ male or female)

2. Race or Color, (~~if not of the white race~~)

3. Date of Birth,

Nov. 15th 1882, 5 AM

4. Place of Birth, (Street and Number)

485 1/2 N. Balto St

5. Full Name of Mother,

Mary Roach

6. Mother's Maiden Name,

Biggs

7. Mother's Birthplace,

Balto

8. Full Name of Father,

August Roach

9. Father's Occupation,

Artist

10. Father's Birthplace,

Balto

Name of Medical Attendant, or other Person who makes this Return.

A. G. Shertzer M.D.

Address, 1102 E Baltimore St

Remarks,

Instrumental



report the birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (\$10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH, 90005

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth

4. Place of Birth, (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

First
Female
White
Nov 15. 86
302 Morris St -
William F Layport
" Smith
Baltimore and
Chas. F. Layport
B & O R.R. Conductor
Baltimore and
Alswath, Me.
815 W. Lombard St



RETURN OF A BIRTH

90006

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

or persons who shall hereafter fail to comply with the provisions of this section, shall be subject to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

The 5 Child

Sex, (state whether male or female)

Female

Race or Color, (if not of the white race)

White

Date of Birth,

The 15 November 1886

Place of Birth, (Street and Number)

No 184 East Chase

Full Name of Mother,

Laura Healey

Mother's Maiden Name,

Laura Burton

Mother's Birthplace,

Baltimore

Full Name of Father,

John Healey

Father's Occupation,

Pharm

Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return.

Mrs Chris Laura

Address,

No 173 Harford Ave

Remarks,

Baltimore Md

1886

RETURN OF A BIRTH 90007

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

(90007)

1. Sex, (state whether male or female) male

2. Race or Color, (if not of the white race) White

3. Date of Birth, November 15 1886

4. Place of Birth, (Street and Number) 2216 bank

5. Full Name of Mother, Josephine Leachman Leachman

6. Mother's Maiden Name, Josephine Lambert

7. Mother's Birthplace, St Michaels Md

8. Full Name of Father, George Leachman

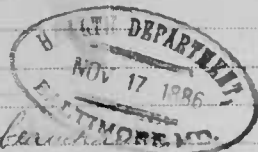
9. Father's Occupation, Mariner

10. Father's Birthplace, Somerset county

Name of Medical Attendant, or other Person who makes this Return, Mary Conner 142

Address, Paterson Park Avenue

Remarks, not full time



or persons who shall be under 18 years of age, shall be subject to the fine of ten dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 90008.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

The 3 Child

Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

3. Date of Birth,

The 15 of July

4. Place of Birth, (Street and Number)

No 35 Second Street

5. Full Name of Mother,

Kate Kierman

6. Mother's Maiden Name,

Kate Fitzpatrick

7. Mother's Birthplace,

Ireland Salt Cove

8. Full Name of Father,

Philip Kierman

9. Father's Occupation,

Engineer

Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return.

Mrs Chris Lauer

Address,

No 173 Row 1039

Remarks,

Baltimore Md

1886

or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of five (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 90009

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)... The 2 Child

1. Sex, (state whether male or female)... Male

2. Race or Color, (if not of the white race)... White

3. Date of Birth, The 15 of November

4. Place of Birth, (Street and Number) No 254 Camden

5. Full Name of Mother, Barbara Schenker

6. Mother's Maiden Name, Barbara Schenker

7. Mother's Birthplace, Germany

8. Full Name of Father, John Schenker

9. Father's Occupation, Stonecutter

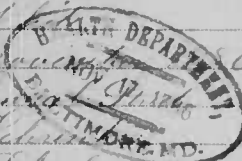
10. Father's Birthplace, Germany

Name of Medical Attendant, or other Person who makes this Return. Mrs. Miss Lane

Address, No 173 High Street No 1059

Remarks, Baltimore Md

1886



or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH *90010*

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Fourth Child*

Sex, (state whether male or female) *Female*

Race or Color, (if not of the white race) *White*

Date of Birth, *No 15 " 1886*

Place of Birth, (Street and Number) *No 1121 Hart*

Full Name of Mother, *Lottie La. Brown*

Mother's Maiden Name, *Year*

Mother's Birthplace, *Baltimore*

Full Name of Father, *John La. Brown*

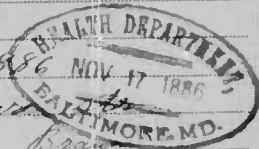
Father's Occupation, *Labr*

Father's Birthplace, *Baltimore*

Name of Medical Attendant, or other Person who makes this Return. *Mr Wiley*

Address, *No 611 Patterson Park Dr.*

Remarks,



or persons who shall hereafter fail to comply with the provisions of this section, shall be subject to the fine of ten (\$10) dollars for each offense to be recovered as other dues and forfeitures are recoverable.

RETURN OF A BIRTH ⁷⁰⁰¹¹

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race)

3. Date of Birth, 15 November

4. Place of Birth, (Street and Number) 107 Market space

5. Full Name of Mother, Rosie Dichter

6. Mother's Maiden Name, Schulwitz

7. Mother's Birthplace, Europe

8. Full Name of Father, Garson Dichter

9. Father's Occupation, Salesman

10. Father's Birthplace, Europe

Name of Medical Attendant, or other Person who makes this Return. Sarah Casper

Address, 72 E. Lombard street

Remarks,

or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 90012

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 11812
1. Sex, (state whether male or female) Twins Male & Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Nov 16th 1886
4. Place of Birth, (Street and Number) 915 N. Caroline St
5. Full Name of Mother, Margaret Emerine
6. Mother's Maiden Name, Margaret Snyder
7. Mother's Birthplace, Baltimore Md
8. Full Name of Father, John W Emerine
9. Father's Occupation, Salesman
10. Father's Birthplace, Baltimore County Md
- Name of Medical Attendant, or other Person who makes this Return, Mrs Julia Brown
- Address, 940 N Gay St
- Remarks, *none*

or person who shall hereafter fail to comply with the provisions of this section, shall be subject to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

90013

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

~~15th~~ 15th of Nov^r 1886

1. Sex, (state whether male or female)

male child

2. Race or Color, (if not of the white race)

colored child

3. Date of Birth,

11th of November 1886

4. Place of Birth, (Street and Number)

P. 388 Chestnut St. Baltimore

5. Full Name of Mother,

Margaret B. Mathes

6. Mother's Maiden Name,

Margaret J. Jenkins

7. Mother's Birthplace,

Eastley Shore Dorchester Co. Md

8. Full Name of Father,

William B. Mathes

9. Father's Occupation,

Cook

10. Father's Birthplace,

Harford County Md

Name of Medical Attendant, or other Person who makes this Return.

Charlie Thomas

Address,

No 318 Chestnut St & W (124)

Remarks,

of persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.



RETURN OF A BIRTH 70014

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, Nov 15

4. Place of Birth, (Street and Number) 226 S. Fayette St

5. Full Name of Mother, Mary Muhl

6. Mother's Maiden Name, Mary Lenhardt

7. Mother's Birthplace, Baltimore

8. Full Name of Father, George Muhl

9. Father's Occupation, Saloon Keeper

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return, H. H. Stiefel

Address, Alleghonda Stiefel

Remarks, 24 Columbia Ave

New No 529 Columbia Ave.



Persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 4015

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

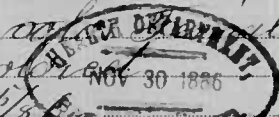
9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,



White Female
Nov 15/86
No 533 Eastern Ave

Sophie Traves
Cooper

Baltimore

Sim Traves

Laborer

Baltimore

Mrs. Louise Kraft

No 405 N Washington St

Persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH *90016*

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *3*

1. Sex, (state whether male or female) *Female*

2. Race or Color, (if not of the white race)

3. Date of Birth, *Nov 15/86*

4. Place of Birth, (Street and Number) *No 349 Eastern Ave*

5. Full Name of Mother, *Therrie Lorenz*

6. Mother's Maiden Name, *Sundrum*

7. Mother's Birthplace, *Baltimore*

8. Full Name of Father, *Ambras Lorenz*

9. Father's Occupation, *Laborer*

10. Father's Birthplace, *Baltimore*

Name of Medical Attendant, or other Person who makes this Return, *Mrs. Louise Straft*

Address, *No 405 S Washington St.*

Remarks,

Persons who fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH *90017*

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *3rd*

1. Sex (state whether male or female), *Female*

2. Race or Color (if not of the white race),

3. Date of Birth, *Nov 15th 1886*

4. Place of Birth (Street and Number), *1638 E. Madison St.*

5. Full Name of Mother, *Alice Shattner*

6. Mother's Maiden Name, *" Pfefferling*

7. Mother's Birthplace, *Hessau, North Germany.*

8. Full Name of Father, *Abraham Shattner*

9. Father's Occupation, *Butcher.*

10. Father's Birthplace, *Bavaria.*

Name of Medical Attendant, or other person who makes this Return. *Edward J. Menden*

Address, *207 Wisconsin*

Remarks,

who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Report the birth to the Commissioner of Health in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *2nd*

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,

Charles
Calver
Nov 15 1891
Dep. Atty.
Agnes E. Ewing
Agnes E. Ewing
Northampton
Charles E. Ewing
Bar. Ewing
Northampton
John Walter Ewing
1014 N. Howard St
five dollars

RETURN OF A BIRTH 90019.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1, St

1. Sex, (state whether male or female) male

2. Race or Color, (if not of the white race) White

3. Date of Birth, 15, November 1886

4. Place of Birth, (Street and Number) Dolphin St 2005

5. Full Name of Mother, Jennie Hanagan

6. Mother's Maiden Name, do Ellen

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Edward Hanagan

9. Father's Occupation, Stable hand

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return, Susan Hunter

Address, 21 W Poppleton St

Remarks,

Persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of five (5) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH *90020*

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st*

1. Sex (state whether male or female), *male*

2. Race or Color (if not of the white race), *White*

3. Date of Birth, *Nov-15-1880*

4. Place of Birth (Street and Number), *107 Hopkins Place*

5. Full Name of Mother, *Mrs. S. Anne Williamson*

6. Mother's Maiden Name, *" Bowen*

7. Mother's Birthplace, *Balto.*

8. Full Name of Father, *Sam. Williamson*

9. Father's Occupation, *Wagoner, Baltimore*

10. Father's Birthplace, *Md.*

Name of Medical Attendant, or other person who makes this Return, *T. Chew & Co. Druggists*

Address, *240 W. Fayette*

Remarks,

Use of this form by the Registrar of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of the Act, shall be liable to a fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 90021

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether male or female),

2. Race or Color (if not of the white race),

3. Date of Birth,

4. Place of Birth (Street and Number),

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks,

3^d
female
November 15th
Prospect Ave 2^d
Barbara Pezril
" " Rozell
" " Bohem.?
John Pezril
Cigar Maker
" Bohem.?
Josephine Conrad
20 Blaine

RETURN OF A BIRTH

90022

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

5th 6th = Twin

1. Sex (state whether male or female),

Male (B. 2)

2. Race or Color (if not of the white race),

3. Date of Birth,

November 15

4. Place of Birth (Street and Number),

49 Abbott
Anna Whlik

5. Full Name of Mother,

6. Mother's Maiden Name,

" " Calamir
Bohemian

7. Mother's Birthplace,

8. Full Name of Father,

Joseph Whlik
Tailor

9. Father's Occupation,

10. Father's Birthplace,

Bohemian

Name of Medical Attendant, or other person who makes this Return.

Address,

Josephine (Omar)
51 B...

Remarks,

The Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 90023

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, Nov 15

4. Place of Birth, (Street and Number) Chase

5. Full Name of Mother, Caroline Breidenstein

6. Mother's Maiden Name, " Diselblatt

7. Mother's Birthplace, Balto Md

8. Full Name of Father, Joseph Breidenstein

9. Father's Occupation, Bookkeeper

10. Father's Birthplace, Balto Md

Name of Medical Attendant, or other Person who makes this Return Mrs F. W. H. H. H.

Address, 1302 Hollands St

Remarks,



report the birth to the Commissioner of Health, in the manner and within the period above required, and any such person who fails to do so, shall be liable to a fine of ten dollars for each offense to be recovered as other fines and forfeitures are recoverable.

report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

90024

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

3

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Nov 15

1887

4. Place of Birth, (Street and Number)

89 W. Fairmount Ave

5. Full Name of Mother,

Clara Holland

6. Mother's Maiden Name,

" Decker

7. Mother's Birthplace,

Germany

8. Full Name of Father,

Robert Holland

9. Father's Occupation,

Engineer

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return.

Mrs R. H. H. H.

Address,

1302 Hollander St

Remarks,

RETURN OF A BIRTH.

90025

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race)

3. Date of Birth Nov 15 1886

4. Place of Birth (Street and Number) Peterson. Park Av 505

5. Full Name of Mother Margaret Fullerton

6. Mother's Maiden Name Margaret Bauers

7. Mother's Birthplace Baltimore

8. Full Name of Father Henry Fullerton

9. Father's Occupation Cooper

10. Father's Birthplace France

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

J. A. Lhuyt M.D.
209 Lexington St



report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

90026.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

4

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

3. Date of Birth,

Nov 15 1886

4. Place of Birth, (Street and Number)

MORE MD.

5. Full Name of Mother,

Jennie Myers Gregory

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

Philip Myers

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

J. L. ...

Address,

Remarks,

report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 0027

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *3rd*
1. Sex, (state whether male or female) *Female*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth. *Nov 1870 1886*
4. Place of Birth, (Street and Number) *30 Harrison St. BALTIMORE MD.*
5. Full Name of Mother, *Marion G. C. Benedetti*
6. Mother's Maiden Name, *Marion Butler*
7. Mother's Birthplace, *Down England*
8. Full Name of Father, *Massimo De Benedetti*
9. Father's Occupation, *Candy Dealer*
10. Father's Birthplace, *Italy*
- Name of Medical Attendant, or other Person who makes this Return, *Massimo De Benedetti*
- Address, *30 Harrison St.*
- Remarks, *Acting made by Dr. Fisher*

RETURN OF A BIRTH *90028.*

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st,*

1. Sex, (state whether male or female) *male*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *November 13*

4. Place of Birth, (Street and Number) *Baltimore*

5. Full Name of Mother, *Mary Wheeler*

6. Mother's Maiden Name, *do*

7. Mother's Birthplace, *Baltimore*

8. Full Name of Father, *Robert Wheeler*

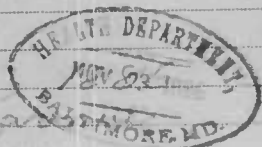
9. Father's Occupation, *Brick maker*

10. Father's Birthplace, *Baltimore*

Name of Medical Attendant, or other Person who makes this Return, *Susan Hunter*

Address, *21 W. Poppleton St*

Remarks,



report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of \$10 dollars for each offense to be recovered as other dues and forfeitures are recoverable.

report its birth to the Commissioner of Health, in the manner and within the period above specified, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other laws and ordinances are recoverable.

RETURN OF A BIRTH

90029.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st child

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

3. Date of Birth,

Nov 15 1886

4. Place of Birth, (Street and Number)

131 Pratt

5. Full Name of Mother,

Nellie Humble

6. Mother's Maiden Name,

" " Schuler

7. Mother's Birthplace,

Calx

8. Full Name of Father,

Charles Humble

9. Father's Occupation,

Cigar maker

10. Father's Birthplace,

Calx

Name of Medical Attendant, or other Person who makes this Return.

Lizzy Betz

Address,

110 Betz

Remarks,

This card, transmitted thereafter it shall become the duty of the parent or person of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and such parent or person who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (\$10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 90030

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Second
Male
JAN 27 1886
MORRIS MD.

1. Sex (state whether male or female),

2. Race or Color (if not of the white race),

3. Date of Birth,

Jan 15 1886

4. Place of Birth (Street and Number),

No 2012 E. Biddle St

5. Full Name of Mother,

Georgetta Higdon

6. Mother's Maiden Name,

" " Lewis

7. Mother's Birthplace,

Pa

8. Full Name of Father,

Thomas E Higdon

9. Father's Occupation,

Laborer

10. Father's Birthplace,

Pa

Name of Medical Attendant, or other person who makes this Return.

Henry K. M. M. M.

Address, 912 E. 11th Street

Remarks,

This act, immediately thereafter it shall become the duty of the person or persons of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

GIVEN NAME ADDED 5-6-52
RETURN OF A BIRTH 90031.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Herbert Blake Freeman
No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st
1. Sex (state whether male or female), Male
2. Race or Color (if not of the white race),
3. Date of Birth, Nov 15 1906 MD.
4. Place of Birth (Street and Number), 10122 Jefferson Ave 1612
5. Full Name of Mother, Mary A. Freeman
6. Mother's Maiden Name, " " Harris
7. Mother's Birthplace, Balto
8. Full Name of Father, James E. Freeman
9. Father's Occupation, Book Keeper
10. Father's Birthplace, Balto
Name of Medical Attendant, or other person who makes this Return, Harold H. H. H.
Address, 912 N. Lombard St
Remarks,

RETURN OF A BIRTH

90032

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return,

Address,

Remarks, Full name of child added by mother April 10, 1929.

Sidney P. Wallace Mother L. E. Wehr Birth Index

report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other laws and ordinances are recoverable.

RETURN OF A BIRTH

90033.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

4th

1. Sex, (state whether male or female)

male

2. Race or Color, (if not of the white race)

Colored

3. Date of Birth,

Nov 16th 1886

4. Place of Birth, (Street and Number)

326 Courtland Street

5. Full Name of Mother,

Pinkie Harris

6. Mother's Maiden Name,

Walker

7. Mother's Birthplace,

Lynchburg Virginia

8. Full Name of Father,

William Harris

9. Father's Occupation,

Waiter

10. Father's Birthplace,

Richmond, Virginia

Name of Medical Attendant, or other Person who makes this Return.

Annie Johnson

Address,

710 Lyson street

Remarks,

Report of the Registrar of Vital Statistics, Baltimore City, shall be subject to the fine of ten (10) dollars for each offense to be recovered in other fines and forfeitures are recoverable.

RETURN OF A BIRTH 90034

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th child.

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, Nov 16th 1886

4. Place of Birth, (Street and Number) 312 North E. 11th St.

5. Full Name of Mother, Harriet A. Zimmerman

6. Mother's Maiden Name, Snyder

7. Mother's Birthplace, Baltimore City Md.

8. Full Name of Father, Ira Zimmerman

9. Father's Occupation, Cabinet Maker

10. Father's Birthplace, Baltimore City Md.

Name of Medical Attendant, or other Person who makes this Return, Mrs. M. E. Harvey

Address, 312 North E. 11th St.

Remarks, Normal. Left Occipital to torso.

Prepare this birth to the Registrar of Health, to the Registrar and within the period above required, and any such person who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 90035

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Na. of Child of Mather, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex (state whether male or female), Male

2. Race or Color (if nat of the white race), White

3. Date of Birth, November 16, 1886

4. Place of Birth (Street and Number), 112 Frederick Street

5. Full Name of Mather, Louise Ludwig

6. Mother's Maiden Name, Louise Willis

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Wm. Ludwig

9. Father's Occupation, Printer

10. Father's Birthplace, Germany

Name of Medical Attendant, Dr. John H. Keeler
or other person who makes this Return.

Address, 3116 N. T. Ave.

Remarks,

the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall fail to comply with the provisions of this Act shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH *40036*

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *third Child.*
1. Sex, (state whether male or female) *female*
2. Race or Color, (if not of the white race) *white.*
3. Date of Birth, *Novbr. 16th*
4. Place of Birth, (Street and Number) *S. Parrish St. No 62. New 13*
5. Full Name of Mother, *Lizzie Mollman*
6. Mother's Maiden Name, *Lizzie Fissie.*
7. Mother's Birthplace, *Uffeln, Germany.*
8. Full Name of Father, *Herm. Henry Mollman.*
9. Father's Occupation, *Laborer.*
10. Father's Birthplace, *Braunsche. Germany.*
- Name of Medical Attendant, or other Person who makes this Return, *Mrs. Sebach*
- Address, *439 West Pratt St.*
- Remarks,

report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this act, shall be liable to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

Report the faith in the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

90037

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

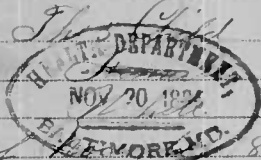
9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,



The 10 of 1886
No 186 Maryland Ave
Mary McLean
Mary Letcher
Baltimore
William McLean
Salesman
Baltimore
Mr Chris Lauer
No 173 Maryland Ave
Bal. Md
1886

RETURN OF A BIRTH ⁹⁰⁰³⁸

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) ^{4th}

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Nov 16th

4. Place of Birth, (Street and Number)

55 So Ocean St

5. Full Name of Mother,

Mari Gripe

6. Mother's Maiden Name,

Mari Brommell

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Charles Gripe

9. Father's Occupation,

Varnisher

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return,

Hillegonda Pfeiffer

Address,

Old No 24 Columbia Ave

Remarks,

New 529

report is liable to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

90039.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1

1. Sex, (state whether male or female)

Age 16 girl

2. Race or Color, (if not of the white race)

Colored

3. Date of Birth,

301 Bethel

4. Place of Birth, (Street and Number)

301 Bethel court

5. Full Name of Mother,

Rossie White

6. Mother's Maiden Name,

Rossie Williams

7. Mother's Birthplace,

Balt

8. Full Name of Father,

James White

9. Father's Occupation,

Labor

10. Father's Birthplace,

Baltimore

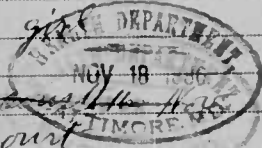
Name of Medical Attendant, or other Person who makes this Return.

Harriet Jackson

Address,

1016 Bluglass street

Remarks,



Printed by order of the Commissioners of Health, by the printer and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (\$10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 90040

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. Sex, (state whether male or female) male

2. Race or Color, (if not of the white race) white

3. Date of Birth, Dec 16th 1886

4. Place of Birth, (Street and Number) 409 King Street

5. Full Name of Mother, Ella M. C. Laughlin

6. Mother's Maiden Name, Eaton

7. Mother's Birthplace, Baltimore City

8. Full Name of Father, Thomas M. Laughlin

9. Father's Occupation, Grocery Store

10. Father's Birthplace, Baltimore City

Name of Medical Attendant, or other Person who makes this Return, Edw. Johnson

Address, 710 Johnson Street

Remarks,

report its birth to the Commissioner of Health, in the manner and within the period there required, and any such person or persons who shall hereafter fail to comply with the provisions of this act, shall be subject to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

Report the birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other laws and ordinances are recoverable.

RETURN OF A BIRTH

90541.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

8 15.



1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

3. Date of Birth,

Nov 18 1886

4. Place of Birth, (Street and Number)

136 Birch St

5. Full Name of Mother,

Nelly Bettelot

6. Mother's Maiden Name,

" " Burkhardt

7. Mother's Birthplace,

Europe

8. Full Name of Father,

Emilio Bettelot

9. Father's Occupation,

on Labor

10. Father's Birthplace,

Europe

Name of Medical Attendant, or other Person who makes this Return.

Lizzy Bely

Address,

120 Birch St

Remarks,

RETURN OF A BIRTH

90042

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th child

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race)

3. Date of Birth,

Nov 16 1886

4. Place of Birth, (Street and Number)

224 Alameda

5. Full Name of Mother,

Minnie Weaver

6. Mother's Maiden Name,

" " Waterman

7. Mother's Birthplace,

Germany

8. Full Name of Father,

Charles Weaver

9. Father's Occupation,

Laborer

10. Father's Birthplace,

Germany

Name of Medical Attendant, or other Person who makes this Return.

Lizzie Betty

Address,

120 Betty

Remarks,

report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

90043

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2nd

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Nov 14 1896

4. Place of Birth, (Street and Number)

440 S. Cheltenham

5. Full Name of Mother,

Louisa Brown

6. Mother's Maiden Name,

" Black

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

John W. Allen

9. Father's Occupation,

Household

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return.

Thos. D. Decker M.D.

Address,

518 Maryland Ave.

Remarks,

be in attendance upon the mother immediately preceding the birth of the child, and the birth of the child, and the manner and within the period above required, and any such person report to the Registrar of Vital Statistics, Baltimore City, and if he or she fails to do so, he or she shall be liable to a fine of not more than \$100, and for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH *90004*

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)... *4th*

1. Sex, (state whether male or female) *male*

2. Race or Color, (if not of the white race) *colored*

3. Date of Birth, *Sept. 16th 1886*

4. Place of Birth, (Street and Number) *422 Foster Alley*

5. Full Name of Mother, *J. H. Gibson*

6. Mother's Maiden Name, *L. H. Perkins*

7. Mother's Birthplace, *Eastern Shore, Md.*

8. Full Name of Father, *J. H. Gibson*

9. Father's Occupation, *Food carrier*

10. Father's Birthplace, *Eastern Shore, Md.*

Name of Medical Attendant, or other Person who makes this Return, *Heater Colance*

Address, *434 N. ...*

Remarks,

Report is made to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of \$10 dollars for each offense to be recovered as other fines and forfeitures are recoverable.

report in birth to the Commissioner of Health, in the manner and within the period above required, and for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 90045

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth.

4. Place of Birth, (Street and Number)

5. Full Name of Mother.

6. Mother's Maiden Name,

7. Mother's Birthplace.

8. Full Name of Father,

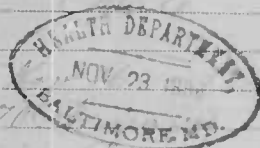
9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,



Be in attendance upon the mother. Immediately thereafter it shall become the duty of the person or persons of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other data and forfeitures are recoverable.

RETURN OF A BIRTH *90046*

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *6*
1. Sex, (state whether male or female) *Male*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *Nov 16 1886*
4. Place of Birth, (Street and Number) *No 214 S. Carroll St*
5. Full Name of Mother, *Kate Hutson*
6. Mother's Maiden Name, *" Knauer*
7. Mother's Birthplace, *Balto MD*
8. Full Name of Father, *George Hutson*
9. Father's Occupation, *Police*
10. Father's Birthplace, *Balto MD*
- Name of Medical Attendant, or other Person who makes this Return, *Mrs R. Watson*
- Address, *1302 H. Carroll St*
- Remarks, *81*



RETURN OF A BIRTH 90047

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *3rd*
1. Sex, (state whether male or female) *Male*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *Nov 10 1880*
4. Place of Birth, (Street and Number) *5 Calumet St*
5. Full Name of Mother, *Ernie Bittner*
6. Mother's Maiden Name, *Dittler*
7. Mother's Birthplace, *Germany*
8. Full Name of Father, *Max Bittner*
9. Father's Occupation, *Master*
10. Father's Birthplace, *Germany*
- Name of Medical Attendant, or other Person who makes this Return, *Dr. A. M. M. M. M.*
- Address, *Germany*
- Remarks,

report his birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,



Be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child, to report its birth to the Commissioner of Health, in the manner and within the time prescribed by the laws of this city, and shall be subjected to the fine of ten (10) dollars for each offence to be reported as other laws and ordinances are recoverable.

RETURN OF A BIRTH 90049.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9 Sarah

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) Nov. 16, 1936

3. Date of Birth, White

4. Place of Birth, (Street and Number) 18 Market Space

5. Full Name of Mother, Mary Kimmel

6. Mother's Maiden Name, Mary Duvoy

7. Mother's Birthplace, Russia

8. Full Name of Father, Max Kimmel

9. Father's Occupation, Bookbinder

10. Father's Birthplace, Russia

Name of Medical Attendant, or other Person who makes this Return, Dr. Cohenman

Address, Philadelphia at 113.

Remarks,

be in attendance upon the mother, immediately thereafter, shall become the duty of the person or persons of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH ⁹⁰⁰⁵⁰

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.).....

3th Child

1. Sex, (state whether male or female).....

Male Child

2. Race or Color, (if not of the white race).....

White

3. Date of Birth,.....

16th November 1886

4. Place of Birth, (Street and Number).....

Cooksie St No 213.

5. Full Name of Mother,.....

W. C. Landt

6. Mother's Maiden Name,.....

W. Weddig

7. Mother's Birthplace,.....

Amesbury

8. Full Name of Father,.....

C. Chlodt

9. Father's Occupation,.....

Labourer

10. Father's Birthplace,.....

Lehler Germany

Name of Medical Attendant, or other Person who makes this Return,.....

Lizzie Chlodt

Address,.....

Hull St No 37, South Point
Baltimore Md.

Remarks,.....

be in attendance upon the mother from birth to six weeks after it shall become the duty of the person or persons at such birth to report the same to the Registrar of Vital Statistics in the manner and within the period above required, and any such person who shall neglect or refuse to do so shall be deemed to be guilty of a misdemeanor, and shall be liable to a fine of ten dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 90031

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Nov 17th

4. Place of Birth, (Street and Number)

34 Bown St

5. Full Name of Mother,

Louise Perbe

6. Mother's Maiden Name,

Louise Worken

7. Mother's Birthplace,

Germany

8. Full Name of Father,

William Perbe

9. Father's Occupation,

Piano Maker

10. Father's Birthplace,

Germany

Name of Medical Attendant, or other Person who makes this Return.

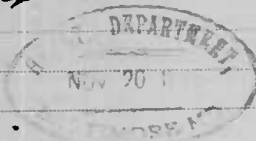
Hillefonda (Slijer)

Address,

Old No. 24 Columbia Ave

Remarks,

new 529



be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any person or persons who shall hereafter fail to comply with the provisions of this act shall be deemed to be guilty of a misdemeanor and for each offense to be fined as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *3rd*

1. Sex, (state whether male or female) *Female*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *November 17, 1886*

4. Place of Birth, (Street and Number) *352 Mallin Street*

5. Full Name of Mother, *Annie Munster*

6. Mother's Maiden Name, *Annie Albow*

7. Mother's Birthplace, *Baltimore Maryland*

8. Full Name of Father, *August Weidman*

9. Father's Occupation, *Cigar Manufacturer*

10. Father's Birthplace, *Baltimore Md.*

Name of Medical Attendant, or other Person who makes this Return. *Dr. Wiley*

Address, *195 W. Lombard St*

Remarks,

be in attendance upon the mother, immediately thereafter, it shall become the duty of the person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

70053

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

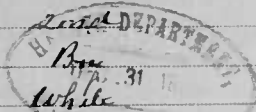
9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,



Wednesday Nov 27th 1886

156 N. Exeter St.

Mollie Bellingoli

Mollie Nicholas

Norfolk Va

John Bellingoli

Dry Goods Merchant

Baltimore Md

William Brinton M.D

Chas St & Forrest Place

Be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other dues and forfeitures are recoverable.

any other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to raise the child in the "Board of Health," in the manner and within the period above required, except in the cases of the birth and death of illegitimate children, and such parent or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars and shall be liable to arrest, and shall be deemed to be guilty of a misdemeanor.

any other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to raise the child in the "Board of Health," in the manner and within the period above required, except in the cases of the birth and death of illegitimate children, and such parent or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offense, to be recovered as no other fines and penalties are recoverable.

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NOV 17 1936

321 Carrollton Hce,
Rosa. Del. Shaw

" " Reynolds
Frederick City Md.
G. P. Shaw
Ginn

Mary Laine
Wm N B F. Woodward
5 East Biddle St

173. CHINTELE AND STATICS.

714 55.

in attendance upon the mother, immediately the child, within ten days after the birth of the child, shall be reported to the Commissioner of Health, in the manner and for the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (\$10) dollars for each offense to be recovered as other duties and forfeitures are recovered.

1. stb

- Female.

- White

- Nov. 17th 1886

- #68 Granby St.

- Mr. Katie Schurz

- Stiegel

- Balto. Md.

- Mike Schuss

- Harmer

- Harmon
Baltimore Md

or other Person who
makes this Return

G.
 Mrs. L. Benat Village
 # 182 & Monument St
 1038 (New Number)

Remarks.



The attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the birth of a child, shall be the duty of the person or persons of such child to report his birth to the Registrar of Vital Statistics, within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this act shall be liable to a fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

90056

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2^d

1. Sex (state whether male or female), female

2. Race or Color (if not of the white race), whit.

3. Date of Birth, Nov. 17. 1886.

4. Place of Birth (Street and Number), 360 Richmond St cor Howard

5. Full Name of Mother, Leatharine Basilicata

6. Mother's Maiden Name, Lee Rose

7. Mother's Birthplace, Naples Italy

8. Full Name of Father, Raphael Basilicata

9. Father's Occupation, Fruit Hacker

10. Father's Birthplace, Naples Italy

Name of Medical Attendant, or other person who makes this Return, G. Lane Daneyhill

Address, 922 new no. Madison ave

Remarks,



birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should be other person, shall be deemed such from the mother, inasmuch as it shall become the duty of the parent or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period of time required, and any such person or persons who shall knowingly fail to comply with the provisions of this section, shall be subject to the fine of ten (\$10) dollars for each offense to be incurred, as offenses and forfeitures are recoverable.

DEPARTMENT
NOV 20 11 25
184-085-10

male

Schila

1914

cl. 646 of Charles Walden

Lusie West

Ausie Harrington

Dorchester Co. Md

Charles & west

Marion

Accomac. Co. Va.

Ed. Hinton

new etc 1734 Charles St

Premature Birth but still living

certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of the medical profession, the parents of such child shall be in attendance upon the mother, immediately after the birth of the child, and shall report the same to the office of the Commissioner of Health, in the manner and within the period hereinafter required, and any such person who fails to comply with the provisions of this section, shall be subject to a fine of ten dollars, or to the fine of ten (10) dollars for each offense to be recovered.

RETURN OF A BIRTH

90058

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *5*
1. Sex, (state whether male or female) *Female*
2. Race or Color, (if not of the white race)
3. Date of Birth, *12 November 22 1885*
4. Place of Birth, (Street and Number) *45 Grand Street*
5. Full Name of Mother, *Caroline C. C. C.*
6. Mother's Maiden Name, *Granger*
7. Mother's Birthplace, *Europe*
8. Full Name of Father, *August C. C. C.*
9. Father's Occupation, *Dayler*
10. Father's Birthplace, *Europe*
- Name of Medical Attendant, or other Person who makes this Return, *Sarah C. C. C.*
- Address, *22 E. Lombard Street.*
- Remarks,



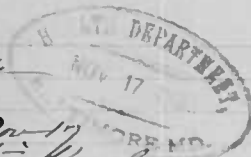
born its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

190059

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *4th*
1. Sex (state whether Male or Female) *Female*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *18th Nov 17*
4. Place of Birth (Street and Number) *226 S. Street*
5. Full Name of Mother *Mary E. Cook*
6. Mother's Maiden Name *Margaret Thomas*
7. Mother's Birthplace *Baltimore*
8. Full Name of Father *Robert H. Cook*
9. Father's Occupation *Blacksmith*
10. Father's Birthplace *Baltimore*
Name of Medical Attendant, or other Person who makes this Return. *Dr. F. L. L. L. L.*
Address *24 N. E. L. L. L.*
Remarks *Premature 3 1/2 Months.*



RETURN OF A BIRTH *90060*

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1*

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race)

3. Date of Birth, *Nov 14 1888*

4. Place of Birth, (Street and Number) *No 104 Duane St*

5. Full Name of Mother, *Barbara Mistle*

6. Mother's Maiden Name, *Single*

7. Mother's Birthplace, *Baltimore*

8. Full Name of Father, *William Hob*

9. Father's Occupation, *Laborer*

10. Father's Birthplace, *Baltimore*

Name of Medical Attendant, or other Person who makes this Return, *Mrs. Louise Kraft*

Address, *No 142 S. Washington St.*

Remarks,

Birth of any child shall occur without the attendance of a physician or person licensed as such, or should as other person be in attendance, the mother immediately thereafter it shall become the duty of the father, mother, physician, or other person to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered.

RETURN OF A BIRTH. 90062

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,



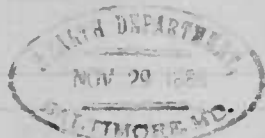
Male
 1st
 Nov 17 1886
 542 Maine St
 Georgine Queen
 Georgina Johnson
 Baltimore
 Zachariah Queen
 Oysters Shucker
 Baltimore
 George Queen
 477 Georgetown Rd
 The Baltimore

Birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should in other person report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall herein fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other laws and forfeitures are recoverable.

RETURN OF A BIRTH

90063

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



No. of Child of Mother. (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) Colored

3. Date of Birth, Nov 17th 1886

4. Place of Birth, (Street and Number) 914 Peach Alley

5. Full Name of Mother, Malinda Bordley

6. Mother's Maiden Name, Malinda Stewart

7. Mother's Birthplace, Howard Co.

8. Full Name of Father, Thomas Bordley

9. Father's Occupation, Oystershucker

10. Father's Birthplace, Kent Delaware

Name of Medical Attendant, or other Person who makes this Return Caroline Moore

Address, 58 Weth St.

Remarks,

of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH

90064.

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.) 6th

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, 17th of Nov 1896

4. Place of Birth, (Street and Number) Elm place

5. Full Name of Mother, Anna Lailor

No 925

6. Mother's Maiden Name, Anna Carroll

7. Mother's Birthplace, Kent County Md

8. Full Name of Father, Charles Lailor

9. Father's Occupation, Blaster

10. Father's Birthplace, Ohio

Name of Medical Attendant, or other Person who makes this Return Lydia Somerville

Address, Clinton ave 616

Remarks,

of the parents, and the maiden name of the mother of such child or children.

certified between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child to report the same to the Commissioner of Health, and the person or persons so failing to do so shall be liable to a fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

90060.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth.

4. Place of Birth, (Street and Number)

5. Full Name of Mother.

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father.

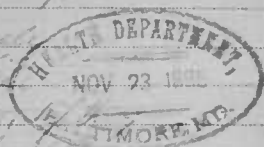
9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this return.

Address,

Remarks,



409

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth.

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

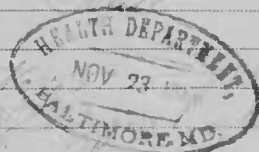
9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,



Certificate between the first and third day of each and every month to the Office of this Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall here fail to comply with the provisions of this section, shall be subject to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

certificates between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur on the last day of any month, the parent or person having charge of the child shall report the birth to the Commissioner of Health, in the manner and within the period above specified, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subject to the fine of ten (10) dollars for each offense to be recovered.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st*

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,

Anna
Child
Nov 1st 1880
145 West 1st St
Wm. B. Brown
" "
A. A. W. Mc
Shadara Queen
Colicman
Clinical College Md
Shadara Queen
116 Maryland St

Persons, for each child, between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or physician in midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child to report its birth to the Commissioner of Health, in the manner and within the period also provided, and any such person or persons who shall fail to do so shall be liable to the fine of \$100, and for each offense to be reported for each offense to be reported.

RETURN OF A BIRTH 90068.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

3^d

1. Sex, (state whether male or female)

1

2. Race or Color, (if not of the white race)

White

3. Date of Birth

Nov 23rd 1886

4. Place of Birth, (Street and Number)

407 Hamburg

5. Full Name of Mother,

Annie Reed, Brooks

6. Mother's Maiden Name,

Annie Reed

7. Mother's Birthplace,

Balt

8. Full Name of Father,

Geo H Brooks

9. Father's Occupation,

Bricklayer

10. Father's Birthplace,

Balt

Name of Medical Attendant, or other Person who makes this return.

Geo R Graham

Address,

725 Columbia ave

Remarks,

[91069.]

[illegible]

RECEIVED
DEC 4
BALTIMORE MD.

Male

W. L. D.

Nov-17th 1896

204 Maryland in Extended

Carrie Barcella Marvin

Grace

Baltimore Md

Wm B. Mason

Abent's

Famerville Ohio

.....
 15 ARBUTHNOT STREET
 BALTIMORE, MD

5 ALBERT STREET
BALTIMORE, MD

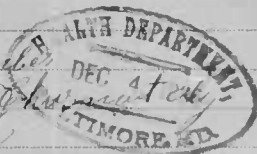
5 ALBERT STREET
BALTIMORE, MD

certificates between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child to report the birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subject to the fine of ten (10) dollars for each offense to be recovered by the Commissioner of Health.

RETURN OF A BIRTH 9007

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 11 Children
1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Colored
3. Date of Birth. 17 of November
4. Place of Birth, (Street and Number) Baltimore St 5 Charming City
5. Full Name of Mother. Martha Thompson
6. Mother's Maiden Name. Martha Phillips
7. Mother's Birthplace. Baltimore, U S
8. Full Name of Father. James Thompson
9. Father's Occupation. Public Writer
10. Father's Birthplace. Eastern Shore, U S
- Name of Medical Attendant, or other Person who makes this Return. Celestus Cook
- Address. 177 Charming City
- Remarks.



RETURN OF A BIRTH *90071*

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *11th child*

1. Sex, (state whether male or female) *Female*

2. Race or Color, (if not of the white race)

3. Date of Birth, *Nov 11 1886*

4. Place of Birth, (Street and Number) *8 N. 4th St*

5. Full Name of Mother, *Bullard*

6. Mother's Maiden Name, *Oct*

7. Mother's Birthplace, *City*

8. Full Name of Father, *Bennet*

9. Father's Occupation, *Bookshop*

10. Father's Birthplace, *City*

Name of Medical Attendant, or other Person who makes this Return, *Lizzy Betz*

Address, *120 Bank St*

Remarks,



In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child to report its birth to the Commissioner of Health in the manner and within the period above required, and any such person who fails to do so shall be liable to a fine of ten (10) dollars for each offense to be recovered.

RETURN OF A BIRTH 90072

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, Nov. 18, 1886.

4. Place of Birth, (Street and Number) 105 Scott St.

5. Full Name of Mother, Lizzie A. Scott

6. Mother's Maiden Name, W. Dunn

7. Mother's Birthplace, Balto. City

8. Full Name of Father, Robt M. Williams

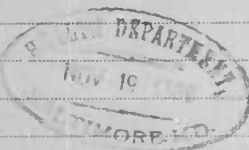
9. Father's Occupation, Painter

10. Father's Birthplace, Quebec Canada

Name of Medical Attendant, or other Person who makes this Return.

Address, 1821 Madison Ave

Remarks,



certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person request his birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subject to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

400713

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Second

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

November 18, 1886

4. Place of Birth, (Street and Number)

No. 1354 North Enoch St.

5. Full Name of Mother,

Mrs. Mary Elizabeth Hollen

6. Mother's Maiden Name,

Miss Mary E. Blackburn

7. Mother's Birthplace,

Baltimore, Md.

8. Full Name of Father,

Mr. Wm. C. Hollen

9. Father's Occupation,

Brick Layer

10. Father's Birthplace,

Baltimore, Md.

Name of Medical Attendant, or other Person who makes this Return

Wm. H. Gordiner, M.D.

Address,

No. 418 North Broadway

Remarks,

certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subject to the fine of ten (10) dollars for each offense to be recovered.

Missing 90074

birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child in report, its birth in the Commissioner of Health, in the manner and within the period afore required, and any such person or persons who shall fail to comply with the provisions of this section, shall be subject to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

102

le

Female

Johnie

Nov 1844

505-Columbia Ave

Emilie Heidt-

Emilie Michael

Baltimore

William Grant

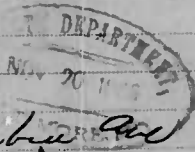
Car Drive

Bachman

Hill gondola shift

Old no 2 & Columbia an

New - 529



RETURN OF A BIRTH 90076

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

3

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

3. Date of Birth,

Nov 18 45

4. Place of Birth, (Street and Number)

W 234 Chappel St.

5. Full Name of Mother,

Lisbeth Birckmann

6. Mother's Maiden Name,

Göller

7. Mother's Birthplace,

Germany

8. Full Name of Father,

George Birckmann

9. Father's Occupation,

Labourer

10. Father's Birthplace,

Germany

Name of Medical Attendant, or other Person who makes this Return.

Mrs. Louise Kraft

Address,

W 405 S Washington St.

Remarks,

In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person who fails to do so shall be deemed to have committed an offense, and for each offense to be punished as other laws and ordinances are recoverable.

RETURN OF A BIRTH 90077

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8th

1. Sex (state whether male or female), Female

2. Race or Color (if not of the white race),

3. Date of Birth, Nov. 18th 1886

4. Place of Birth (Street and Number), 708 N. Gay St.

5. Full Name of Mother, Janie Prizan

6. Mother's Maiden Name, Belyoske

7. Mother's Birthplace, Russia

8. Full Name of Father, Bernard Prizan

9. Father's Occupation, Cigar Manufacturer

10. Father's Birthplace, Russia

Name of Medical Attendant, or other person who makes this Return, Edward J. McDevitt

Address, 208 N. Gay St.

Remarks,



each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner, the mother, immediately thereafter it shall become the duty of the mother, to report the birth of the child to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 90078

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth Nov. 18th

4. Place of Birth, (Street and Number) 1618 Franklin St

5. Full Name of Mother, Mrs. Nannie R Whitaker

6. Mother's Maiden Name, " " Guss

7. Mother's Birthplace, City

8. Full Name of Father, J. Harry Whitaker

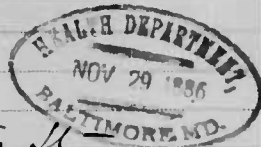
9. Father's Occupation, Printer

10. Father's Birthplace, City

Name of Medical Attendant, or other Person who makes this Return. J. H. M. M.D.

Address, 1001 Edmondson ave

Remarks, _____



Birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subject to the fine of ten (10) dollars for each offence to be recovered, as other fines and forfeitures are recoverable.

birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be present in attendance upon the mother, immediately thereafter it shall become the duty of the parent or parents of such child to report its birth to the Commissioner of Health. In the mother and within the period aforesaid required, and any such person who fails to do so shall be deemed to have committed an offense, and shall be liable to the fine of ten (10) dollars for each such offense to be recovered.

45
TIMORE, MD.

3rd Chate

- Name of Medical Attendant, or other Person who makes this return. *Harry E. Mueller*
Address. *N. Dallas St. No 114*

Remarks,

RETURN OF A BIRTH 70080

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fifth

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) white

3. Date of Birth, Nov 18/86

4. Place of Birth, (Street and Number) Baltimore 175

5. Full Name of Mother, Mary Virginia Saurland

6. Mother's Maiden Name, Morrow

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Henry P. Saurland

9. Father's Occupation, Fireman

10. Father's Birthplace, Baltimore

Name of Medical Attendant, Susan Hunter
or other Person who makes this Return.

Address, 21st Poppleton St

Remarks,

Birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter the mother shall report its birth to the Registrar of Vital Statistics, Baltimore City, and if the mother or person making the report shall fail to do so, or if the mother or person making the report shall give any false or incorrect information, or if the mother or person making the report shall be guilty of any other offense in this regard, she shall be liable to the fine of ten (10) dollars for each offense to be recovered.

CERTIFICATE CORRECTED 70-18-33

RETURN OF A BIRTH.

90081

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Mary Elizabeth Ashley
No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *2*

1. Sex, (state whether male or female) *Female*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth *November 18 1886*
4. Place of Birth, (Street and Number) *Nº 1515 Baltimore Ave*
5. Full Name of Mother, *Bettie Estlin Ashley*
6. Mother's Maiden Name, *Bettie Bratten*
7. Mother's Birthplace, *Baltimore*
8. Full Name of Father, *Albert Ashley*
9. Father's Occupation, *Labourer*
10. Father's Birthplace, *Baltimore*
- Name of Medical Attendant, or other Person who makes this Return. *Catherine Horning*
- Address, *Nº 18 Bynd St*
- Remarks,

Birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child, to report its birth to the Commissioner of Health, in the manner and within the time prescribed by the laws of this State, and for each offence to be liable to a fine of not less than ten dollars and not more than fifty dollars, or to imprisonment for each offence to be not less than ten days and not more than thirty days, and such fine and imprisonment are recoverable.

RETURN OF A BIRTH

GIVEN NAME ADDED 9-3-52

70082

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: *Elsie Elizabeth Brooke*

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2d

1. Sex, (state whether male or female)

female

2. Race or Color, (if not of the white race)

white race

3. Date of Birth,

November the 18, 1886

4. Place of Birth, (Street and Number)

Baltimore rande St. No 39

5. Full Name of Mother,

fannie Brooke

No 141

6. Mother's Maiden Name,

Boyer

7. Mother's Birthplace,

frederick Co Md

8. Full Name of Father,

robert Brooke

9. Father's Occupation,

Carpenter

10. Father's Birthplace,

virgina

Name of Medical Attendant, or other Person who makes this Return.

Elizabeth Hathorn

Address,

light St. No 530

No 1

Remarks,

Any person who shall fail to report the birth of any child shall incur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall thereafter fail to comply with the provisions of this section, shall be subject to the fine of ten (10) dollars for each offense to be recovered as other laws and regulations are recoverable.

RETURN OF A BIRTH 90083.

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

of the parents, and the maiden name of the mother of such child or children."

1. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First Child

2. Sex, (state whether male or female) Female

3. Race or Color, (if not of the white race) White

4. Date of Birth, November 18 1883

5. Place of Birth, (Street and Number) 712 California Street Baltimore

6. Full Name of Mother, Lucille Agnes Snodgrass

7. Mother's Maiden Name, Elvella F. Daniel Co. for

8. Mother's Birthplace, Wrightville York

9. Full Name of Father, John W. Snodgrass

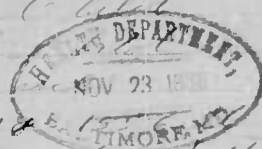
10. Father's Occupation, Book Binder

11. Father's Birthplace, Chicago Ill

Name of Medical Attendant, or other Person who makes this Return Wm. W. W. W.

Address, 996 N 120 Greenmount Ave

Remarks,



Any person who shall neglect or refuse to secure a license without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be liable to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH ⁹⁰⁰⁸⁴

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

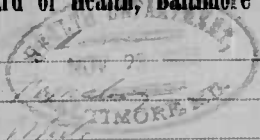
9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,



Nov. 18th

038 1/2 South Ave

Marina Fottella

Marina Fottella

Baltimore, Md

Charles Fottella

Cook

Baltimore, Md

Dr. Fottella

400 Cathedral St

RETURN OF A BIRTH ⁹⁶⁰⁸⁵

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Sixth

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

Colored

3. Date of Birth,

November 18th 1884

4. Place of Birth, (Street and Number)

No 848 N. Calver St.

5. Full Name of Mother,

Mary M. Webb

6. Mother's Maiden Name,

Roberts

7. Mother's Birthplace,

Easton Talbot Co. Md.

8. Full Name of Father,

J. E. G. Webb

9. Father's Occupation,

Clerk

10. Father's Birthplace,

Easton Talbot Co. Md.

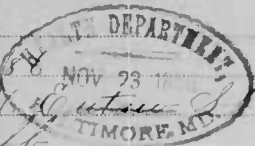
Name of Medical Attendant, or other Person who makes this Return.

Amelia Johnson

Address,

125 E. Hamilton St

Remarks,



In case the birth of any child shall occur without the attendance of a Physician or other person authorized by law to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall be guilty of such neglect or dereliction, shall be liable to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,



In case the birth of any child shall occur without the attendance of a physician or midwife, or should no other person be in its birth, the person or persons who shall be present at its birth to the Registrar of Health, in the manner and within the period above required, and any such person or persons who shall be present at its birth, shall be liable to the fine of ten (10) dollars for each offense to be incurred as other fines and forfeitures are recoverable.

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

90087

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

1st

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race)

3. Date of Birth

Novemb. 18. 86.

4. Place of Birth (Street and Number)

1110 W Mount St

5. Full Name of Mother

Anna

6. Mother's Maiden Name

Long

7. Mother's Birthplace

Balto

8. Full Name of Father

Evan Heinz

9. Father's Occupation

Cook/keeper

10. Father's Birthplace

Balto

Name of Medical Attendant, or other Person who makes this Return.

Dr. L. S. S. S.

Address

949 Madison Ave.

Remarks



RETURN OF A BIRTH 90088

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, Nov. 18th 1885

4. Place of Birth, (Street and Number) #13 Albemarle St.

5. Full Name of Mother, Maria Rausco

6. Mother's Maiden Name, " Lang

7. Mother's Birthplace, Germany

8. Full Name of Father, Paul Rausco

9. Father's Occupation, Machinist

10. Father's Birthplace, Germany

Name of Medical Attendant, or other Person who makes this Return, Mrs. Lena Hellegert

Address, #1820 Monument St.

Remarks, 1038 (New Number)



Birth of any child shall occur without the attendance of a physician or practitioner of medicine, or should no other person be in attendance upon the midwife, immediately thereafter it shall become the duty of the person or persons of such child to report his birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH ⁹⁰⁰⁸⁹

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

3rd Child

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

September 28th 1896

4. Place of Birth, (Street and Number)

47 H. Adams

5. Full Name of Mother,

Annie Marple

6. Mother's Maiden Name,

Read

7. Mother's Birthplace,

Kent Co. Md.

8. Full Name of Father,

John H. C. Marple

9. Father's Occupation,

Conductor B. & O.

10. Father's Birthplace,

Howard Co. Md.

Name of Medical Attendant, or other Person who makes this Return.

D. A. Cooke M.D.

Address,

(New) 104 Fort Ave

Remarks,

Birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child, to report its birth to the Commissioner of Health, in the manner and within the period herein required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subject to the fine of ten (10) dollars for each offense to be incurred.

Birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child, to report the birth of such child to the Registrar of Vital Statistics, in the manner and form required by law, and any such person who fails to do so shall be liable to a fine of ten dollars, or to imprisonment for not more than thirty days, or to both such fine and imprisonment, for each offence to be repeated as often as other laws and ordinances are recoverable.

RETURN OF A BIRTH.

90091.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

4th

1. Sex, (state whether male or female)

male

2. Race or Color, (if not of the white race)

white

3. Date of Birth

September

1886

4. Place of Birth, (Street and Number)

246 Mulberry

5. Full Name of Mother,

Beatha Heinicke

6. Mother's Maiden Name,

Tilzmann

7. Mother's Birthplace,

Austria

8. Full Name of Father,

Frederick Heinicke

9. Father's Occupation,

upholsterer

10. Father's Birthplace,

Germany

Name of Medical Attendant, or other Person who makes this Return.

Mar. C. Thalwitzer M.D.

Address,

256 Mulberry street

Remarks,

In attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subject to the fine of ten (10) dollars for each offense to be recovered as other laws and forfeitures are recoverable.

RETURN OF A BIRTH 90092.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1 child*
1. Sex, (state whether male or female) *female*
2. Race or Color, (if not of the white race) *colored*
3. Date of Birth. *November 18th 1886.*
4. Place of Birth, (Street and Number) *# 753 Vine Street.*
5. Full Name of Mother. *Blonnie Newman*
6. Mother's Maiden Name. *Blonnie L. Green*
7. Mother's Birthplace. *Almaria County Maryland.*
8. Full Name of Father. *Abraham Newman.*
9. Father's Occupation. *Leaf Shaver.*
10. Father's Birthplace. *Heatfrod County Maryland.*
- Name of Medical Attendant, or other Person who makes this Return. *Celestial Cook.*
- Address, *# 640 Chestnut Alley.*
- Remarks.



For the attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 90093

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 11th child

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race)

3. Date of Birth,

Nov 18 1886

4. Place of Birth, (Street and Number)

115 B Chaptin St.

5. Full Name of Mother,

Mary H. Wilson

6. Mother's Maiden Name,

" " Johnson

7. Mother's Birthplace,

Germany

8. Full Name of Father,

Charles H. Wilson

9. Father's Occupation,

Wood dealer

10. Father's Birthplace,

Germany

Name of Medical Attendant, or other Person who makes this Return.

Lizzy Betz

Address,

120 Betz

Remarks,

RETURN OF A BIRTH. 90094

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race)

3. Date of Birth Nov 18 1886

4. Place of Birth, (Street and Number) 139 E. Fayette St.

5. Full Name of Mother, Mary J. League

6. Mother's Maiden Name, Mary J. Connolly

7. Mother's Birthplace, Balti. Co. Md.

8. Full Name of Father, James League

9. Father's Occupation, Farmer

10. Father's Birthplace, Balti. Co. Md.

Name of Medical Attendant, or other Person who makes this Return. Dr. Emily A. Williams

Address, 139 E. Fayette St.

Remarks,



Testificate that upon the first and third day of each and every month in the office of the Commissioner of Health, or some other person, the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall be guilty of failing to comply with the provisions of this section, shall be liable to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 90095

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

12th

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Nov 18th

4. Place of Birth, (Street and Number)

115 Poppleston St

5. Full Name of Mother,

Kate Plate

6. Mother's Maiden Name,

Kate Mohlenrich

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Wilhelm Plate

9. Father's Occupation,

Blacklayer

10. Father's Birthplace,

Germany

Name of Medical Attendant, or other Person who makes this Return.

Hellegonda Shiro

Address,

New in 529 Columbia Ave

Remarks,



birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any person who neglects to do so shall be deemed to have committed an offense, and shall be liable to a fine of ten (10) dollars for each offense to be recovered as other laws and ordinances are recoverable.

RETURN OF A BIRTH *70096.*

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

3rd

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

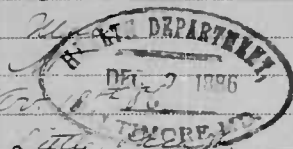
9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,



71 Littlefield
Anna Engelhard

Schmidt
Baltimore

George Engelhard
Liquor dealer

Baltimore

Mary Brock

1018 S. Eutaw St.

birth of any child shall occur without the attendance of a Physician or practitioner of medicine, or should no other person be in attendance upon the mother, then the duty of the person or persons attending the birth of the child shall be to fill out and sign this return, and to forward it to the Office of Registrar of Vital Statistics, Board of Health, Baltimore City, within the time specified in the provisions of this section, shall be subject to the fine of \$10 or \$20 dollars for each offense to be recovered as other fines and forfeitures are recoverable.

90097.

DEPARTMENT OF HEALTH, BALTIMORE CITY
DEC 2 1944

41222220

Nov 18 Dec 1886

W. Earl Steyer

Wilhelmina Mannes

W. Schmitt

Robertson Germany

cross born german
Frederick August General

Robert Mather

Freiberg, Saxon Germany

Mrs W. Wanner Midwife

we're No 10 Parl 1/2

any person who, for the purpose of a fraudulent procurement of military or naval stores, or should the other person be in attendance upon the commander, immediately thereafter shall receive thirty per cent of the proceeds of the sale, or report the birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subject to the fine of ten (10) dollars for each offense to be levied as other penalties and forfeitures are recoverable.

RETURN OF A BIRTH ^{90098.}

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d. &c.) 5

1. Sex, (state whether male or female) *Boy*

2. Race or Color, (if not of the white race)

3. Date of Birth, *Nov. 18, 1886*

4. Place of Birth, (Street and Number) *Mulberry St.*

5. Full Name of Mother, *Eliz. A. O'Mara*

6. Mother's Maiden Name, *Schallenger*

7. Mother's Birthplace, *Baltimore*

8. Full Name of Father, *Michael J. O'Mara*

9. Father's Occupation, *Merchant*

10. Father's Birthplace, *England*

Name of Medical Attendant, or other Person who makes this Return, *Geo. A. Fleming M.D.*

Address, *601 Franklin St.*

Remarks,

Birth of any child shall be reported to the Registrar of Vital Statistics, Board of Health, Baltimore City, by the mother or other person who has the custody of the child, or by the physician or other person attending the birth, within the time and within the limits prescribed in the regulations, and any such person who fails to do so shall be liable to a fine of not more than ten dollars for each offense to be recovered as other fines and forfeitures are recoverable.

See in the margin of this form the duties of a Physician or practitioner of midwifery, or should no other person be present, the mother, in reporting the birth of the person or persons of such child to the Registrar of Vital Statistics, and any such person who shall hereafter fail to comply with the provisions of this section, shall be liable to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 90099

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st*
1. Sex, (state whether male or female) *Female*
2. Race or Color, (if not of the white race)
3. Date of Birth, *Nov 18th 1880*
4. Place of Birth, (Street and Number) *207 Clifton Place*
5. Full Name of Mother, *Katie Ryan*
6. Mother's Maiden Name, *Matry*
7. Mother's Birthplace, *Ireland*
8. Full Name of Father, *Cornelius Ryan*
9. Father's Occupation, *Painter*
10. Father's Birthplace, *Culto*
- Name of Medical Attendant, or other Person who makes this Return, *Geo. S. Reynolds, M.D.*
- Address, *Balto*
- Remarks,



RETURN OF A BIRTH 90100

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *First*
1. Sex, (state whether male or female) *Female*
2. Race or Color, (if not of the white race) *Colored*
3. Date of Birth, *Nov 19 1886*
4. Place of Birth, (Street and Number) *824 Woodberry st*
5. Full Name of Mother, _____
6. Mother's Maiden Name, *Magie Henry*
7. Mother's Birthplace, *Salisbury Md*
8. Full Name of Father, *No Father*
9. Father's Occupation, _____
10. Father's Birthplace, _____
- Name of Medical Attendant, or other Person who makes this Return, *Edwot Proctor*
- Address, *511 L'artton st*
- Remarks, _____



birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the parent or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above prescribed, and any person or persons who shall neglect to do so, shall be liable to a fine of ten dollars, and as other fines and forfeitures are recoverable, for each offence to be reported.

RETURN OF A BIRTH 90101.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *5th Child*
1. Sex, (state whether male or female) *Boy*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *19th of November 1886*
4. Place of Birth, (Street and Number) *4011 Motorman Alley*
5. Full Name of Mother, *Mary Tisse*
6. Mother's Maiden Name, *Mary Denhard*
7. Mother's Birthplace, *Germany*
8. Full Name of Father, *Tom Denhard*
9. Father's Occupation, *Butcher*
10. Father's Birthplace, *Baltimore*
- Name of Medical Attendant, or other Person who makes this Return, *Crescentia Kunkel*
- Address, *71 North Chapel Street per Justina Kunkel*
- Remarks, *Healthy*

to be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person who fails to do so shall be liable to a fine of ten dollars, and shall be subject to the fine of ten dollars for each offense to be proved as other facts and forfeitures are recoverable.

RETURN OF A BIRTH 90102.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Balt Nov 20 1886.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Female.

2. Race or Color, (if not of the white race) White.

3. Date of Birth, Balt Nov 19 1886.

4. Place of Birth, (Street and Number) 702 South Street.

5. Full Name of Mother, Mary Geller.

6. Mother's Maiden Name, Mary Bessel.

7. Mother's Birthplace, America

8. Full Name of Father, Andrew Geller.

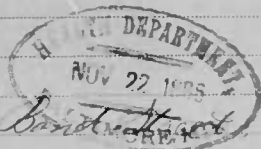
9. Father's Occupation, Cigar Manufacturer.

10. Father's Birthplace, America

Name of Medical Attendant, or other Person who makes this Return, Mrs Mary Brand.

Address, 410 South Wolfe St.

Remarks, 11



Persons who cannot read or write, or who are unable to attend to the attendance of a physician or practitioner of medicine, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child to report the birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

be in attendance upon the mother, immediately thereafter, to report its birth to the Commissioner of Health, in the manner and within the period above indicated, and for each offense to be considered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 90103

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3
1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Nov 19 th 1886
4. Place of Birth, (Street and Number) Front St No 343
5. Full Name of Mother, Lizzie Hoffmann
6. Mother's Maiden Name, Jones
7. Mother's Birthplace, Balto, Md
8. Full Name of Father, John Hoffmann
9. Father's Occupation, Restaurant
10. Father's Birthplace, Balto Md
- Name of Medical Attendant, or other Person who makes this Return, Wm F. Blair
- Address, 1302 E. Lexington
- Remarks,

RETURN OF A BIRTH

90104.

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.)

The first
Female

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth.

November 19 1886

4. Place of Birth, (Street and Number)

43 China St

5. Full Name of Mother.

Mary M Brown

6. Mother's Maiden Name,

Mary M Queen

7. Mother's Birthplace,

48 China St

8. Full Name of Father,

William H Brown

9. Father's Occupation,

Brickmacker and oyster shucker

10. Father's Birthplace.

Calvert County Maryland

Name of Medical Attendant, or other Person who makes this Return

Doctor Hall Sarah Brown

Address,

47 China St

Remarks,



RETURN OF A BIRTH 90105

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

- of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th/₁₁
1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Col'd
3. Date of Birth, November 19th/₁₁ 1886
4. Place of Birth, (Street and Number) 225 S. Dallas St.
5. Full Name of Mother, Sarah Scott
6. Mother's Maiden Name, Sarah Lloyd
7. Mother's Birthplace, Anne Arundel Co. Md.
8. Full Name of Father, James Scott
9. Father's Occupation, Laborer
10. Father's Birthplace, Anne Arundel
- Name of Medical Attendant, or other Person who makes this Return Louisa Seaton
- Address, 242 S. Dallas St.
- Remarks,

RETURN OF A BIRTH

70106

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

So in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall thereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

5

1. Sex, (state whether male or female)

male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Apr 19 / 86

4. Place of Birth, (Street and Number)

S.E. Cor Schroeder & Lee St.

5. Full Name of Mother,

S. A. Elphing

6. Mother's Maiden Name,

Pierce

7. Mother's Birthplace,

Balto.

8. Full Name of Father,

F. A. Elphing

9. Father's Occupation,

Upholsterer

10. Father's Birthplace,

Balt.

Name of Medical Attendant, or other Person who makes this Return.

Thomas Opie M.D.

Address,

600 W. Howard St

Remarks,

RETURN OF A BIRTH

90107

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.)

1. ☒ (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,

Male
White
Nov 19 80
262 N. Baltimore St.
Mrs. Emma Schiller
Emma Schiller
Gt. B.
Richard Schiller
Gt. B.
Germany



Dr. Emma Schiller
#15 1435 - right 3

RETURN OF A BIRTH

90105

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.)

first 188-6

1. Sex, (state whether male or female)

female

2. Race or Color, (if not of the white race)

black

3. Date of Birth,

19th of Nov

4. Place of Birth, (Street and Number)

pierce st No 673

5. Full Name of Mother,

Mary Hawkins

6. Mother's Maiden Name,

Mary Hawkins

7. Mother's Birthplace,

City

8. Full Name of Father,

William Freeman

9. Father's Occupation,

Laborer

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return

Lysia Somerville

Address,

Clinton ave No 616

Remarks,

RETURN OF A BIRTH ^{90109.}

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st Child

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, November 12th 1899

4. Place of Birth, (Street and Number) 12 New Market, Carrollton

5. Full Name of Mother, Johanna Heintz

6. Mother's Maiden Name, Johanna Boland

7. Mother's Birthplace, Baltimore, Md.

8. Full Name of Father, Bartholomew Heintz

9. Father's Occupation, Undertaker

10. Father's Birthplace, Prussia

Name of Medical Attendant, or other Person who make this Return Susan Hunter

Address, 21 W. Poppleton St.

Remarks, _____

It is attendance upon the Medical Registrar, immediately after birth, and to report in birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of \$100 dollars for each offense to be recovered as other fines and forfeitures are recoverable.

mothers, immediately thereafter it shall become the duty of the parents or persons of such child to report in birth to the Commissioner of Health, in the manner and within the time required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH ⁰⁰¹¹⁰

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether male or female),

2. Race or Color (if not of the white race),

3. Date of Birth,

4. Place of Birth (Street and Number),

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this return,

Address,

Remarks,

Female

Nov 19th

378 Washington

Julie Henkel

" Rittner

German

William Henkel

Grocer

German

Josephine Conrad

20 Barnes

RETURN OF A BIRTH 90411

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

3 Kirk St

4. Place of Birth, (Street and Number)

No 19 1876

5. Full Name of Mother,

Ellen James

6. Mother's Maiden Name,

W. Simmons

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Jas. James

9. Father's Occupation,

Traveling agent

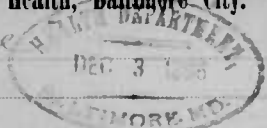
10. Father's Birthplace,

Baltimore Md

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,



In the attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child to report its birth to the Commissioner of Health, and if such person or persons shall fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 90112

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2
1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Nov 19th 1888 BALTIMORE, MD.
4. Place of Birth, (Street and Number) Dover St 45
5. Full Name of Mother, Kate Grace Krause
6. Mother's Maiden Name, " Emerson
7. Mother's Birthplace, Balto Md
8. Full Name of Father, William Krause
9. Father's Occupation, Sailor
10. Father's Birthplace, Balto Md
- Name of Medical Attendant, or other Person who makes this Return, Mrs J. W. W. W. W.
- Address, 1302 Hollands St.
- Remarks,

Report its Birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

40113

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Second 2nd

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

Colored

3. Date of Birth,

November 19th 1893

4. Place of Birth, (Street and Number)

Maternity 110 + 115 W. Lombard St

5. Full Name of Mother,

Sarah Lane

6. Mother's Maiden Name,

Is

7. Mother's Birthplace,

Maryland

8. Full Name of Father,

—

9. Father's Occupation,

—

10. Father's Birthplace,

—

Name of Medical Attendant, or other Person who makes this Return.

W. Spradling M.D.

Address,

113 + 115 W. Lombard St. City

Remarks,

—

Be the attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subject to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 90114.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,

In the attendance upon the mother, immediately thereafter it shall be the duty of the person or persons who shall report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 90115

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,

5
Male
Colored
May 19th 1886
Houghton St. 133
Annie Hubbard
" Jackson
Baltimore Md
James Hubbard
Cook
Baltimore Md
Mrs D. Volney
1302 Holladay St.

report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 40117

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex (state whether male or female), Male

2. Race or Color (if not of the white race), 194 Nov 1886

3. Date of Birth, _____

4. Place of Birth (Street and Number), 81 York St

5. Full Name of Mother, Annie Greeny

6. Mother's Maiden Name, " Gallagher

7. Mother's Birthplace, Ireland

8. Full Name of Father, Charles Greeny

9. Father's Occupation, Brass Moulder

10. Father's Birthplace, Balt.

Name of Medical Attendant, H. W. Webster or other person who makes this Return.

Address, 106 Barron St

Remarks, _____

who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (\$10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 90118

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 5th

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth November 19 1886

4. Place of Birth, (Street and Number) 41 L. McEldroy Str.

5. Full Name of Mother, F. Wasenbrook

6. Mother's Maiden Name, F. Katz

7. Mother's Birthplace, Galizia

8. Full Name of Father, J. Wasenbrook

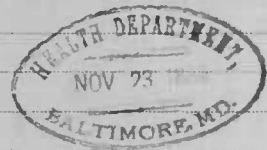
9. Father's Occupation, Presser

10. Father's Birthplace, Galizia

Name of Medical Attendant, or other Person who makes this Return. Rebecca Ustman

Address, No 207 N. S. Caroline St.

Remarks,



to be attached upon the mother, immediately thereafter it shall become the duty of the person or persons of such child, to
 the child, to be registered, and within the period, the child shall be registered, and the person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars
 for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 90119.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth Nov 19/86

4. Place of Birth, (Street and Number) 19 Albemarle St.

5. Full Name of Mother, Ester Sternberg

6. Mother's Maiden Name, Ester Moses

7. Mother's Birthplace, Russia

8. Full Name of Father, Ellick Sternberg

9. Father's Occupation, Cigar Maker

10. Father's Birthplace, Russia

Name of Medical Attendant, Rebecca Watson or other Person who makes this Return.

Address, 207 S. Caroline St.

Remarks,



be in attendance upon the mother immediately thereafter. It shall be the duty of the person or persons of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered in any court of law.

See instructions upon this matter, under "Instructions to the Registrar of Births," in the report of the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 90130

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth.

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,



RETURN OF A BIRTH 90121.

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, etc.)

1. (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

November 19th 1886

4. Place of Birth, (Street and Number)

2231 Penn. Ave.

5. Full Name of Mother,

Emma Francis Schwartz

6. Mother's Maiden Name,

Emma Francis Smith

7. Mother's Birthplace,

Virginia (Gloucester County)

8. Full Name of Father,

George Henry Schwartz

9. Father's Occupation,

Baker

10. Father's Birthplace,

Baltimore Md

Name of Medical Attendant,

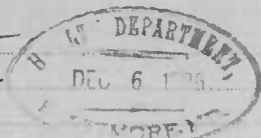
or other Person who makes this Return

J. W. Correll M.D.

Address,

88 Stanton St.

Remarks,



Report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this act, shall be subjected to the fine of five (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 90122

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Third*

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

3. Date of Birth,

November 19

4. Place of Birth, (Street and Number)

Baltimore No 1305 Cross st

5. Full Name of Mother,

Ricka Ruths

6. Mother's Maiden Name,

Ricka Meier

7. Mother's Birthplace,

Baltimore M.D.

8. Full Name of Father,

John Ruths

9. Father's Occupation,

Printer

10. Father's Birthplace,

Germany

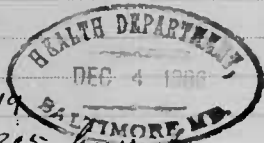
Name of Medical Attendant, or other Person who makes this Return.

Mrs M. Shaffer

Address,

135 Ridgely st

Remarks,



RETURN OF A BIRTH 90133

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 11th.

1. Sex (state whether male or female),

2. Race or Color (if not of the white race),

3. Date of Birth,

4. Place of Birth (Street and Number),

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return.

Address, 185 S.E. cor Central av. & Monument St.

Remarks, 647 All Well

Male
White
November 27th 1886
No 525 N. E. Center St.
Sophia Gul
Sophia Peeling
Baltimore
Harris W. Gul
Basket maker
Newark



the Commissioner of Health, in the manner and within the period above required, and any such person who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 90124

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Third Child*

1. Sex, (state whether male or female)

Female.

2. Race or Color, (if not of the white race)

3. Date of Birth,

November 20th 1886

4. Place of Birth, (Street and Number)

83 (Old Number) St. Lippelton St

5. Full Name of Mother,

Mary Catherine Sinclair

6. Mother's Maiden Name,

Mary Catherine O. Connell

7. Mother's Birthplace,

Baltimore Md

8. Full Name of Father,

William Frederick Sinclair

9. Father's Occupation,

Foreman of Strippers in Cigar Factory

10. Father's Birthplace,

Baltimore Md.

Name of Medical Attendant, or other Person who makes this Return.

Address,

Mrs. Salach 439 W. Pratt St

Remarks,

Persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 90137

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth Nov. 20th 1886

4. Place of Birth, (Street and Number) #6 McC Elderly St

5. Full Name of Mother Sarah Trajier

6. Mother's Maiden Name Wolf

7. Mother's Birthplace Balto Md.

8. Full Name of Father John Trajier

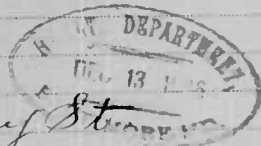
9. Father's Occupation Foreman

10. Father's Birthplace Balto Md

Name of Medical Attendant, or other Person who makes this Return Mrs. Lena Hillegert

Address #182 E. Monument St

Remarks 1038 (New Number)



Report as birth or person shall hereafter fall to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of from \$10 dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 90126

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

1. Sex, (state whether male or female) male

2. Race or Color, (if not of the white race) Colored

3. Date of Birth, Nov 28

4. Place of Birth, (Street and Number) 123 Chestnut Alley

5. Full Name of Mother, Emma Smith

6. Mother's Maiden Name, Eastern Shore Md.

7. Mother's Birthplace, Florence Smith

8. Full Name of Father, John

9. Father's Occupation, Baltimore

10. Father's Birthplace, New France

Name of Medical Attendant, or other Person who makes this Return.

Address, 404 N. Monument St.

Remarks,



report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of five hundred dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

90127

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, Nov 20 1886

4. Place of Birth, (Street and Number) 907 Spring St

5. Full Name of Mother, Mary Dick

6. Mother's Maiden Name, O. Healden

7. Mother's Birthplace, Bism. Germany

8. Full Name of Father, Jacob Dick

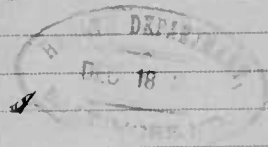
9. Father's Occupation, Taylor

10. Father's Birthplace, Bism. Germany

Name of Medical Attendant, or other Person who makes this Return. Mrs. Julia Groves

Address, 946 N. Bay St.

Remarks,



RETURN OF A BIRTH 90128.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 12

1. Sex, (state whether male or female) male

2. Race or Color, (if not of the white race) white

3. Date of Birth, 20th of November

4. Place of Birth, (Street and Number) Bank Street No. 140

5. Full Name of Mother, Martha M. Bensen

6. Mother's Maiden Name, Martha M. Collins

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Gustav Bensen

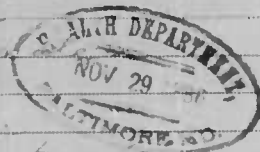
9. Father's Occupation, Laborer

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return, Mrs. Wilby

Address, No. 611 Patterson Park, D.

Remarks,



reject his birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subject to be fined in \$10 dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 90129

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Second Child*

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *20 Nov. " 1886*

4. Place of Birth, (Street and Number) *611 Patterson Park Dr.*

5. Full Name of Mother, *Francis Wiley*

6. Mother's Maiden Name, *Frances Rhendelshorn*

7. Mother's Birthplace, *Baltimore*

8. Full Name of Father, *George Wiley*

9. Father's Occupation, *Labor*

10. Father's Birthplace, *Baltimore*

Name of Medical Attendant, or other Person who makes this Return. *Mr. Wiley*

Address, *611 Patterson Park Dr.*

Remarks,



report is made to the Registrar of Births, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other dues and for defaults are recoverable.

RETURN OF A BIRTH 90130

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

- No. ☒ Child of Mother, (state whether 1st, 2d, 3d, &c.) *Seventh.*
1. Sex, (state whether male or female) *Female.*
2. Race or Color, (if not of the white race)
3. Date of Birth, *20th November 1886*
4. Place of Birth, (Street and Number) *52 N. Calvert St.*
5. Full Name of Mother, *Sarah Casey*
6. Mother's Maiden Name, *Giffin.*
7. Mother's Birthplace, *Ireland*
8. Full Name of Father, *Wm Casey*
9. Father's Occupation, *Maldster.*
10. ☒ Father's Birthplace, *Ireland*



Name of Medical Attendant, or other Person who makes this Return

Address, *936 N 120 Grammer St*

Remarks,

RETURN OF A BIRTH

90131.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

Colored

Male

2. Race or Color, (if not of the white race)

3. Date of Birth,

20th Nov

4. Place of Birth, (Street and Number)

Balt Port Ave 906

5. Full Name of Mother,

Carrie Butler

6. Mother's Maiden Name,

Carrie Chase

7. Mother's Birthplace,

Balt Md

8. Full Name of Father,

Levin Augustus Butler

9. Father's Occupation,

Publick Waiter

10. Father's Birthplace,

Richmond Va

Name of Medical Attendant, or other Person who makes this Return,

Anni Johnson

Address,

701 Igou St - old number 94

Remarks,

Report its birth to the Commissioner of Health, in the manner and within the period above required. And any person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other laws and ordinances are recoverable.

RETURN OF A BIRTH

90132.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Nov. 20 / 86

4. Place of Birth, (Street and Number)

1025 N. Mount St

5. Full Name of Mother,

Mary W. Coleman

6. Mother's Maiden Name,

Willing

7. Mother's Birthplace,

Va

8. Full Name of Father,

James W. Coleman

9. Father's Occupation,

Carpenter

10. Father's Birthplace,

Va

Name of Medical Attendant, or other Person who makes this Return.

Thomas Opi M.D.

Address,

600. N. Howard St

Remarks,

or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 90133.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

7th Child

1. Sex, (state whether ~~male~~ or female)

2. Race or Color, (if not of the white race)

White

3. Date of Birth, November the 20, 1886

4. Place of Birth, (Street and Number)

Eastern Av. No 925

5. Full Name of Mother,

Margaretha Junker

6. Mother's Maiden Name,

Margaretha Diemger

7. Mother's Birthplace,

Kusshenberg, N. Wazern. Germany

8. Full Name of Father,

Johann Georg Junker

9. Father's Occupation,

Salesman

10. Father's Birthplace,

Muhl Erbach, N. Wazern. Germany

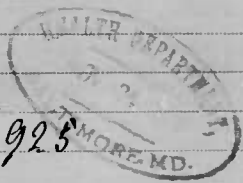
Name of Medical Attendant, or other Person who makes this Return.

Mary E. Muller

Address,

N. Dallas St. No 114

Remarks,



Persons who fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether male or female),

2. Race or Color (if not of the white race),

3. Date of Birth,

4. Place of Birth (Street and Number),

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks,

female

May 20 - 1886

Duncan Alley 10
Marie Stranek
Malejka

Bohemian
Charles Stranek
Tailor
Bohemian

Josephine Conrad
20 Barnes

who shall hereafter fail to comply with the provisions of this act, shall be liable to a fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 90135

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

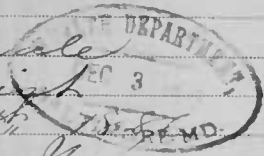
- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2
1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth November 20, 1886
4. Place of Birth, (Street and Number) No 94 Potomac St
5. Full Name of Mother, Lizzie Pawsher
6. Mother's Maiden Name, Lizzie Heller
7. Mother's Birthplace, Germany
8. Full Name of Father, John Pawsher
9. Father's Occupation, Carpenter
10. Father's Birthplace, Germany
- Name of Medical Attendant, or other Person who makes this Return. Catharine Hornung
- Address, No 18 Byrd St
- Remarks,

report to birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH *90136.*

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2*
1. Sex, (state whether male or female) *Female*
2. Race or Color, (if not of the white race) *Caucasian*
3. Date of Birth, *Nov 20th 1885*
4. Place of Birth, (Street and Number) *Law St. No 1*
5. Full Name of Mother, *Annie Hyman*
6. Mother's Maiden Name, *" Abrahamson*
7. Mother's Birthplace, *Poland*
8. Full Name of Father, *Jacob Hyman*
9. Father's Occupation, *Sailor*
10. Father's Birthplace, *Poland*
- Name of Medical Attendant, or other Person who makes this Return, *Wm R. Volney*
- Address, *1802 Hollaender*
- Remarks, *for*



Birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of such person to report its birth to the Commissioner of Health, in the manner and within the period above required, and any person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (\$10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 90137.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st
1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) white
3. Date of Birth, Nov 20 1886
4. Place of Birth, (Street and Number) 13 Stockton St
5. Full Name of Mother, Minnie Samuels
6. Mother's Maiden Name, Foreman
7. Mother's Birthplace, Germany
8. Full Name of Father, George Samuels
9. Father's Occupation, Butler
10. Father's Birthplace, Germany
- Name of Medical Attendant, or other Person who makes this Return, J. C. Presen
- Address, 207 North St
- Remarks,



Every person who shall neglect to report the birth of a child to the Registrar of Vital Statistics, or who shall neglect to report the death of a person to the Registrar of Vital Statistics, shall be liable to a fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

40138

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth

Nov 20/86

4. Place of Birth, (Street and Number)

102 Whitehall

5. Full Name of Mother

Elizabeth Wright

6. Mother's Maiden Name

Elizabeth Perkins

7. Mother's Birthplace

Wm

8. Full Name of Father

Benjamin Wright

9. Father's Occupation

Waiter

10. Father's Birthplace

Wm

Name of Medical Attendant, or other Person who makes this Return

Jane Grosvenor

Address

102 Whitehall

Remarks



be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child to report its birth to the Commissioner of Health, in the manner and within the period as provided in this section, and any person who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH ^{90139.}

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, Nov 20 1904

4. Place of Birth, (Street and Number) 123 N. Egleston St

5. Full Name of Mother, Caroline Pflug

6. Mother's Maiden Name, "

7. Mother's Birthplace, Balto Md

8. Full Name of Father, Daniel Pflug

9. Father's Occupation, Paper Hanger

10. Father's Birthplace, Balto Md

Name of Medical Attendant, or other Person who makes this Return. Mrs R. Welling

Address, 1302 Hollander St

Remarks,



Be in attendance upon a birth, and, immediately thereafter, it shall become the duty of the person or persons of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

90140

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

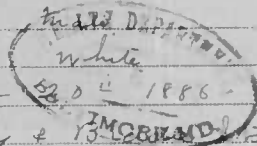
9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,



1st
white
May 20 1886
Baltimore
Lillie Moran
Graham
Baltimore
John Moran
Liquor Dealer
Baltimore
Geo. R. Graham M.D.
725 Columbia Ave

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

December 20 1885 90141

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) female

2. Race or Color, (if not of the white race) white

3. Date of Birth November 20

4. Place of Birth, (Street and Number) Henrietta St

5. Full Name of Mother, Ginny Snow

6. Mother's Maiden Name, Ginny Smith

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Edgar Snow

9. Father's Occupation, Carpenter

10. Father's Birthplace, Snow Hill

Name of Medical Attendant, or other Person who makes this Return. Dr R Carty

Address, No 213 North St

Remarks, Living well
Ethel Edna Snow

Birth of any child shall occur within the jurisdiction of a city, town or village, and the mother, immediately thereafter it shall become the duty of the person or persons of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subject to the fine of ten (\$10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child, to report its birth to the Commissioner of Health, in the manner herein provided, within the period specified, and any such person or persons failing to do so, shall be subject to the fine of ten (\$10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH ⁹⁰¹⁴²

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Third*
1. Sex, (state whether male or female) *Female*
2. Race or Color, (if not of the white race) _____
3. Date of Birth, *Nov 20*
4. Place of Birth, (Street and Number) *Baltimore No 247 Lombard*
5. Full Name of Mother, *Ida Schumaker*
6. Mother's Maiden Name, *Ida Richards*
7. Mother's Birthplace, *Fall river Mass*
8. Full Name of Father, *Richard Schumaker*
9. Father's Occupation, *Fish dealer*
10. Father's Birthplace, *Baltimore M.D.*
- Name of Medical Attendant, or other Person who makes this Return, *Mrs M. Shaffer*
- Address, *135 Ridgely*
- Remarks, _____

RETURN OF A BIRTH 90193

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8th

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, _____

4. Place of Birth, (Street and Number) _____

5. Full Name of Mother, _____

6. Mother's Maiden Name, _____

7. Mother's Birthplace, _____

8. Full Name of Father, _____

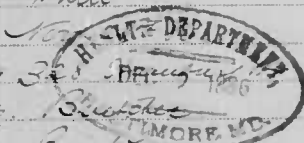
9. Father's Occupation, _____

10. Father's Birthplace, _____

Name of Medical Attendant, _____ or other Person who makes this Return.

Address, _____

Remarks, _____



C. B. Betcher
Baltimore
Prussia

Mary Hall

1018 E. Euter St

be in attendance upon the mother, immediately before and after the birth, and report the birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subject to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

90144

The birth of any child shall occur without the attendance of a physician or midwife, or other duly qualified person, at which time the parents or guardian of such child, or the mother, immediately thereafter it shall become the duty of the person or persons so required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (\$10) dollars for each offense to be recovered.

First

Wm. L.

Handwritten signature: *John F. Kennedy*

21 / Nov / 1916

3. *Procyon*

1891

Wm. Engel

George Washington

Augustas, Walter

1. 2016

15110117

B. J. Harrison

1724 G. in New York

play & Co., City Printers and Stationers

RETURN OF A BIRTH 90145

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st*
1. Sex, (state whether male or female) *female*
2. Race or Color, (if not of the white race) *white*
3. Date of Birth, *Nov. 21 1888*
4. Place of Birth, (Street and Number) *304 (new) S. Equestrian*
5. Full Name of Mother, *Margaret Elizabeth Murphy*
6. Mother's Maiden Name, *" " Kearney*
7. Mother's Birthplace, *Baltimore Md*
8. Full Name of Father, *John C. Murphy*
9. Father's Occupation, *Doctor*
10. Father's Birthplace, *Genoa New York*
- Name of Medical Attendant, or other Person who makes this Return, *P. S. Dauschen*
- Address, *1127 E. Baltimore*
- Remarks,

Report lie birth to the Commissioner of Health, in the manner and within the period above required, and say such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

born its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of each child or children

RETURN OF A BIRTH.

40146.

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *Seventh*
1. Sex (state whether Male or Female) *Female*
2. Race or Color (if not of the white race) *Colored*
3. Date of Birth *Nov 21/86*
4. Place of Birth (Street and Number) *92 1/2 St. Paul St.*
5. Full Name of Mother *Mary Hughes*
6. Mother's Maiden Name *Hiler*
7. Mother's Birthplace *Baltimore City*
8. Full Name of Father *James Hughes*
9. Father's Occupation *Caterer*
10. Father's Birthplace *Va.*



Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

W. H. Thompson M.D.
94 St. Paul St.

RETURN OF A BIRTH 70147

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

4

1. Sex, (state whether male or female)

male

2. Race or Color, (if not of the white race)

white

3. Date of Birth,

november 21

4. Place of Birth, (Street and Number)

1411 charles st

5. Full Name of Mother,

brother sam

6. Mother's Maiden Name,

= = = gans

7. Mother's Birthplace,

ireland

8. Full Name of Father,

bartlet sam

9. Father's Occupation,

captain of cyster boat

10. Father's Birthplace,

ireland

Name of Medical Attendant,

or other Person who makes this Return

Henry Portner

Address,

2411 charles st

Remarks,

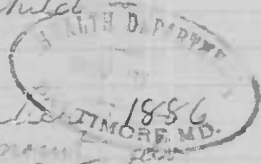


RETURN OF A BIRTH

90148.

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

1. ☒ Child of Mother, (state whether 1st, 2d, 3d, &c.) *Seventh Child*
2. Sex, (state whether male or female) *male*
3. Race or Color, (if not of the white race) *White*
4. Date of Birth, *21st November 1886*
5. Place of Birth, (Street and Number) *Baltimore, Md.*
6. Full Name of Mother, *Miss Rose Batchelor*
7. Mother's Maiden Name, *Miss Rose Lusk*
8. Mother's Birthplace, *Baltimore, Md.*
9. Full Name of Father, *Walter S. Batchelor*
10. Father's Occupation, *Matchmaker*
11. Father's Birthplace, *Baltimore, Md.*
- Name of Medical Attendant, or other Person who makes this Return *Mrs. Menden*
- Address, *936 N. 1st St.*
- Remarks, *From most. are*



RETURN OF A BIRTH 90149

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female)

male

2. Race or Color, (if not of the white race)

Colored

3. Date of Birth,

Apr 21st - 1884

4. Place of Birth, (Street and Number)

187 Preece Street

5. Full Name of Mother,

Carrie Wright

6. Mother's Maiden Name,

Gray

7. Mother's Birthplace,

Calvert County Md

8. Full Name of Father,

William Wright

9. Father's Occupation,

Walter

10. Father's Birthplace,

Essex County Virginia

Name of Medical Attendant, or other Person who makes this Return,

Annie Johnson

Address,

710 Tyson St old number 74

Remarks,



See instructions upon the mother, Registrar, Baltimore City, regarding the duty of the person or persons of such child as report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (\$10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

40150

Born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

2d

1. Sex (state whether Male or Female)

Female

2. Race or Color (if not of the white race)

White

3. Date of Birth

21st of November 1886

4. Place of Birth (Street and Number)

1631. Abbott St

5. Full Name of Mother

Josefa Kucko

6. Mother's Maiden Name

" Mackula

7. Mother's Birthplace

Bohemia

8. Full Name of Father

Andreas Kucko

9. Father's Occupation

Tailor

10. Father's Birthplace

Bohemia

Name of Medical Attendant, or other Person who makes this Return.

Kate Pazourek

Address

1641. Abbott St.

Remarks

Born Live

RETURN OF A BIRTH

90151

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2nd.*

1. Sex, (state whether male or female) *Female*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *Nov. 21st 1886*

4. Place of Birth, (Street and Number) *20 Chestnut St.*

5. Full Name of Mother, *Annie Granpohm*

6. Mother's Maiden Name, *Larkin*

7. Mother's Birthplace, *Ireland*

8. Full Name of Father, *Edwin Granpohm*

9. Father's Occupation, *Silver-smith*

10. Father's Birthplace, *England*

Name of Medical Attendant, *Mac Dena Villageist*
or other Person who makes this Return

Address, *#182 E Monument St*

Remarks, *103 8 (Two Number)*



Report its birth to the Commissioner of Health, in the manner and within the period above required, and any person who fails to do so, or who makes a false report, shall be liable to a fine of ten (\$10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 90152

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name of Child. *Albert Beever*

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *6th*

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth. *Nov. 21st 1896.*

4. Place of Birth, (Street and Number) *#618 E. Union St.*

5. Full Name of Mother. *Annie Beever.*

6. Mother's Maiden Name, *White*

7. Mother's Birthplace. *New York.*

8. Full Name of Father. *John Beever.*

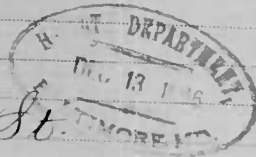
9. Father's Occupation,

10. Father's Birthplace. *Balto. Md.*

Name of Medical Attendant, or other Person who makes this Return. *Mrs. Lena Hillegeist*

Address. *#828 Monument St.*

Remarks. *1038 (New Number)*



report its birth to the Commissioner of Health, in the manner and within the period herein prescribed, and any person who fails to do so, or who complies with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 90153.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

Fourth

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth

November 21, 1886

4. Place of Birth, (Street and Number)

Point Lane, near Harford road.

5. Full Name of Mother,

Virginia H. Farley.

6. Mother's Maiden Name,

Virginia H. McCulloch

7. Mother's Birthplace,

Maryland

8. Full Name of Father,

Charles Farley.

9. Father's Occupation,

Car Driver

10. Father's Birthplace,

Maryland

Name of Medical Attendant,

or other Person who makes this Return.

Aug. R. Blewett, M.D.,

Address,

No 1241 (559) Harford ave

Remarks,

be in attendance upon the mother, immediately thereafter it shall become the duty of the person so present to report the birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 70154

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth

November 21 1886

4. Place of Birth, (Street and Number)

N^o 376 Light st

5. Full Name of Mother,

Mary Weitzel

6. Mother's Maiden Name,

Mary Gilkey

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

John Weitzel

9. Father's Occupation,

Labourer

10. Father's Birthplace,

Germany

Name of Medical Attendant, or other Person who makes this Return.

Catherine H. Harris

Address,

N^o 18 Byrd st

Remarks,

be to attend upon the mother, immediately after the birth of the child, and to report the same to the Registrar of Vital Statistics, within the period above required, and any such person who shall neglect or refuse to do so, shall be liable to the penalties of this section, and shall be subject to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 90155

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, Nov 2

4. Place of Birth, (Street and Number) 22 Ramsey St

5. Full Name of Mother, Emilie Angermayer

6. Mother's Maiden Name, Emilie Lennick

7. Mother's Birthplace, Germany

8. Full Name of Father, Ferdinand Angermayer

9. Father's Occupation, Baker

10. Father's Birthplace, Germany

Name of Medical Attendant, or other Person who makes this Return, Hilda Gonda Slifer

Address, New No. 529 Columbia Ave

Remarks,

Builder, immediately thereafter it shall become the duty of the person or persons of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 90156

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether male or female),

2. Race or Color (if nat of the white race),

3. Date of Birth,

4. Place of Birth (Street and Number),

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks,

4
Male

Nov 21

Nov 21

Ling J. W. K. H. Schmitt

German

Edward J. K. H. Schmitt

Laborer

German

Josephine (Omar)
20 Barnes

RETURN OF A BIRTH 90157

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

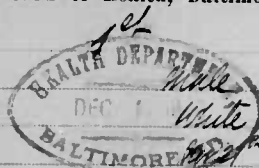
9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,



505 Warner St

Hannah Syer

Rothschild

Germany

Samuel E. Syer

Clothing Cutter

Germany

Adrienne M. M. V.

88 N. Eutan Street

report the birth to the Commissioner of Health, in the manner and within the period above required, and pay such person or persons who shall thereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recovered, &c.

RETURN OF A BIRTH

790158

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *7th* *Child*

1. Sex, (state whether male or female) *Boy*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *21st of November 1886*

4. Place of Birth, (Street and Number) *old 55th 128 South Durham Street*

5. Full Name of Mother, *Agnes Miller*

6. Mother's Maiden Name, *Agnes May*

7. Mother's Birthplace, *Baltimore*

8. Full Name of Father, *Kuhn May*

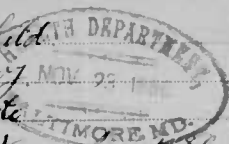
9. Father's Occupation, *Can-maker*

10. Father's Birthplace, *Baltimore*

Name of Medical Attendant, or other Person who makes this Return, *Cecilia Kunkel*

Address, *21st 23 North Chapel Street per Cecilia Kunkel*

Remarks, *Healthy*



report his birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 40159

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

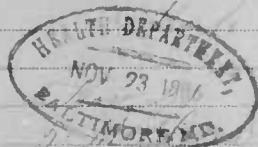
9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,



report its birth to the Commissioner of Health, in the instance and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other laws and ordinances are recoverable.

RETURN OF A BIRTH 90160

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Matilda Rosina Schappert
No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *First*

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

white

3. Date of Birth,

Nov 21st - 1886

4. Place of Birth, (Street and Number)

815 Ridgely

5. Full Name of Mother,

Matilda Schappert

6. Mother's Maiden Name,

Matilda Laible

7. Mother's Birthplace,

Esslingen Württemberg Germany

8. Full Name of Father,

Richard Schappert

9. Father's Occupation,

File Manufacturer

10. Father's Birthplace,

Baltic Wood

Name of Medical Attendant, or other Person who makes this Return.

Dr. J. J. ...

Address,

101 ...

Remarks, **GIVEN NAME ADDED.**

9-11-53



In attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child, to report its birth to the Registrar of Vital Statistics, within the time specified in the regulations, and any such person for each offence to be punished as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.).

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth, 21. of December.

4. Place of Birth, (Street and Number) 1746 Hanger St.

5. Full Name of Mother, Mary Albach

6. Mother's Maiden Name, Franck

7. Mother's Birthplace, Germany

8. Full Name of Father, Friedrich Albach

9. Father's Occupation, Black Smith

10. Father's Birthplace, Germany

Name of Medical Attendant, or other Person who makes this Return, Miss Munch

Address, No 300 Seabrook St.

Remarks,



report its birth to the Commissioner of Health, in the manner and within the period above required, and say such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other dues and forfeitures are recoverable.

mother, immediately thereafter it shall become the duty of the parent or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 90164.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether male or female),

2. Race or Color (if not of the white race),

3. Date of Birth,

4. Place of Birth (Street and Number),

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks,



1st 2/86

4076 Granby St

Rene Schmidt

Duty

Baltimore

George Schmidt

Laborer

Baltimore

Mrs. Louise Kraft.

No 405 S Washington St.

RETURN OF A BIRTH

40165

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Elbert Franklin Ritter

124

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Mar 22/86

4. Place of Birth, (Street and Number)

325 N. Johnson St.

5. Full Name of Mother,

Annie E. Ritter

6. Mother's Maiden Name,

u u Ozman

7. Mother's Birthplace,

Mo

8. Full Name of Father,

James S. Ritter

9. Father's Occupation,

Steam Fitter

10. Father's Birthplace,

city

Name of Medical Attendant, or other Person who makes this Return.

Geo D Blake

Address, *GREEN HIDE AVE 3-4-53*

Remarks,

L. M.

to in attendance upon the mother immediately thereafter or he shall become the duty of the person or persons of such child to report its birth to the Commissioner of Health, in the manner and within the time specified in the regulations, and any person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of Ten (10) Dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

70166.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st.

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, November 22/80

4. Place of Birth, (Street and Number) No 36. Fairmy St.

5. Full Name of Mother, Louisa Frank

6. Mother's Maiden Name, England

7. Mother's Birthplace, Balt. Md.

8. Full Name of Father, John Frank

9. Father's Occupation, Laborer

10. Father's Birthplace, Balt. Md.

Name of Medical Attendant, or other Person who makes this Return, Amos Green

Address, No 18th Light St.

Remarks, Yours Truly

to the Registrar of Vital Statistics, Board of Health, Baltimore City, shall receive the duty of the person or persons of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) female (90167)

2. Race or Color, (if not of the white race) Colored

3. Date of Birth, Baltimore 22 Novem

4. Place of Birth, (Street and Number) Baltimore 2022 Holman St

5. Full Name of Mother, Lucy Hughes

6. Mother's Maiden Name, Lucy Hobbs

7. Mother's Birthplace, Petersburg Virginia

8. Full Name of Father, Ben Hughes

9. Father's Occupation, dry man

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return, Luzina Mills 2022 Holman St

Address, 2022 Holman street

Remarks, Living well

Birth of any child shall occur without the attendance of a physician or practitioner of medicine, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subject to the fine of ten (10) dollars for each offence to be recovered as other laws and ordinances are recoverable.

See in attendance upon the mother, immediately thereafter, and shall secure the duty of the person or persons of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

GIVEN NAME ADDED 8-7-51
RETURN OF A BIRTH 90168.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: *William Harry Ernest Burk*

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *4*

1. Sex, (state whether male or female) *Male*
 2. Race or Color, (if not of the white race) *White*
 3. Date of Birth, *Nov. 22, 1886*
 4. Place of Birth, (Street and Number) *209 Myrtle Ave*
 5. Full Name of Mother, *Pauline M. Burk*
 6. Mother's Maiden Name, *Michelman*
 7. Mother's Birthplace, *Balto.*
 8. Full Name of Father, *Wm. Burk*
 9. Father's Occupation, *Book-Keeper*
 10. Father's Birthplace, *Balto.*
- Name of Medical Attendant, or other Person who makes this Return, *Thomas Opie M.D.*
- Address, *600 W. Howard St.*
- Remarks,

RETURN OF A BIRTH 90169

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 16 24

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, 22nd Nov 1886

4. Place of Birth, (Street and Number) 417 Spring St.

5. Full Name of Mother, Caroline Gould

6. Mother's Maiden Name, Caroline Herron

7. Mother's Birthplace, America

8. Full Name of Father, John Gould

9. Father's Occupation, Maker

10. Father's Birthplace, America

Name of Medical Attendant, or other Person who makes this Return, Mrs. Mary Howard

Address, 210 South 10th St.

Remarks, 5 lb.

Be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

90170

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Fourth

1. Sex (state whether Male or Female).

Female

2. Race or Color (if not of the white race)

White

3. Date of Birth

November 22/85

4. Place of Birth (Street and Number)

No. 240

Druid Hill Avenue

5. Full Name of Mother

Emma L. Wise

6. Mother's Maiden Name

Rupp

7. Mother's Birthplace

Baltimore, Md.

8. Full Name of Father

Wm Lewis Wise

9. Father's Occupation

Butcher

10. Father's Birthplace

Baltimore, Md

Name of Medical Attendant, or other Person who makes this Return.

Louis W. Knight M.D.

Address

414 N. Greene

Remarks



RETURN OF A BIRTH 90171.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, Nov. 22nd 1895

4. Place of Birth, (Street and Number) #134 Forrest St.

5. Full Name of Mother, Rosina Trombetta

6. Mother's Maiden Name, " Paccarino

7. Mother's Birthplace, Italy

8. Full Name of Father, Giovanni Trombetta

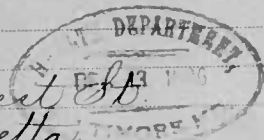
9. Father's Occupation, Fruit Dealer

10. Father's Birthplace, Italy

Name of Medical Attendant, or other Person who makes this Return, Mrs. Lena Hellegers

Address, #1820 Monument St.

Remarks, 1038 (see number)



report its birth to the Commissioner of Health, in the manner and within the period there required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 70172

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. Sex, (state whether male or female) male

2. Race or Color, (if not of the white race) _____

3. Date of Birth, Sept 22nd 1886 248 Maryland Ave

4. Place of Birth, (Street and Number) 248 Maryland Ave

5. Full Name of Mother, Mary J Cross

6. Mother's Maiden Name, Johnston

7. Mother's Birthplace, Baltimore Md

8. Full Name of Father, Franklin J Cross

9. Father's Occupation, Police

10. Father's Birthplace, Baltimore Md

Name of Medical Attendant, or other Person who makes this Return, M. B. Billingsley

Address, 228 E. Lexington

Remarks, _____

no in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and pay a fee of one dollar for each child so reported. If the person or persons who so report fail to comply with the provisions of this section, shall be subject to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

90173.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

The 2 Child

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

The 22 of November

4. Place of Birth, (Street and Number)

No 1432 Hillman St

5. Full Name of Mother,

Julia Smith

6. Mother's Maiden Name,

Julia Morgan

7. Mother's Birthplace,

Ireland

8. Full Name of Father,

James Smith

9. Father's Occupation,

Salvage

10. Father's Birthplace,

Ireland

Name of Medical Attendant, or other Person who makes this Return.

Mrs C. H. Sauer

Address,

No 173 Hazard - Cal

Remarks,

Bal Md

1886

RETURN OF A BIRTH 90174

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mather, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether male or female),

2. Race or Color (if not of the white race),

3. Date of Birth,

4. Place of Birth (Street and Number),

5. Full Name of Mother,

6. Mather's Maiden Name,

7. Mather's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks,

1st
female

Nov. 22 - 1892
Anthony St 1 1/2

Liny Hoffman

" " Baltimore
Henry Vogel
Laborer
Baltr.

Josephine Comer
20 Barnes

the Commissioner of Health. In the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 90175

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.).... One

1. Sex, (state whether male or female)..... Female

2. Race or Color, (if not of the white race)..... Colored

3. Date of Birth,..... Nov 22, 1896

4. Place of Birth, (Street and Number)..... 23 S. State St.

5. Full Name of Mother,..... Anna D. Morgan

6. Mother's Maiden Name,..... Mrs. Morgan

7. Mother's Birthplace,..... Baltimore

8. Full Name of Father,..... Henry Morgan

9. Father's Occupation,..... Laborer

10. Father's Birthplace,..... Baltimore

Name of Medical Attendant, or other Person who makes this Return,..... Lucinda M. Morgan

Address,..... 130 N. State St.

Remarks,.....

See in attendance upon the mother immediately thereafter it shall become the duty of the person or persons of such class to report his birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

birth of any child shall occur without the attendance of a Physician or practitioner of medicine, or should the person be attended upon the mother, immediately thereafter it shall become the duty of the person or persons of such child, to report its birth to the Commissioner of Health, in the manner and within the period hereinafter required, and any such person who shall hereafter fail to comply with the provisions of this section, shall be subject to the fine of ten (10) dollars as other laws and forfeitures a recoverable.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth.

4. *Place of Birth, (Street and Number).*

5. Full Name of Mother,

6. Mother's Maiden Name, _____

7. *Mother's Birthplace,*—

8. Full Name of Father,

9. *Father's Occupation,*

10. *Father's Birthplace,*

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,

Male
white
Brown 28 June 1906
Bryd 28 June 1906
A. J. M. G. L.
Schultze
Ball-
Carpenter Oxygon
Basketmaker
Ball-
O. H. M. K.
4027 Yoter 4

RETURN OF A BIRTH 90177.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

Colored

3. Date of Birth,

Nov 22nd 1880

4. Place of Birth, (Street and Number)

1072x Goodyear St -

5. Full Name of Mother,

Alise Davis

6. Mother's Maiden Name,

Fields

7. Mother's Birthplace,

Middle Town Va.

8. Full Name of Father,

James Davis

9. Father's Occupation,

Laborer

10. Father's Birthplace,

Baltimore Md

Name of Medical Attendant, or other Person who makes this Return.

Charles Proctor M.D.

Address,

1051 (10) Carlton St -

Remarks,



See the attendance upon the mother immediately thereafter it shall become the duty of the person or persons of such kind, to report its birth to the Commissioner of Health, in the manner and within the period above prescribed, and the person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

90175

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st Child*

1. Sex, (state whether male or female)

Boy

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

born Jan 22 in November

4. Place of Birth, (Street and Number)

212 Allicander St.

5. Full Name of Mother,

Helene Busch

6. Mother's Maiden Name,

Helene Diesel

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Charles Busch

9. Father's Occupation,

Labor

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return.

Friederike Hornfmann

Address,

517 S. Dallas St.

Remarks,

H. Hornfmann

Report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other dues and forfeitures are recoverable.

RETURN OF A BIRTH 79179

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *First Mother of Second Child.*

1. Sex, (state whether male or female) *Male Child.*

2. Race or Color, (if not of the white race) *White Races*

3. Date of Birth, *Twenty Second November.*

4. Place of Birth, (Street and Number) *No 1349*

5. Full Name of Mother, *Phumelia Klaus.*

6. Mother's Maiden Name, *Phumelia Kozolele.*

7. Mother's Birthplace, *Stake of Marienwerder City Germany.*

8. Full Name of Father, *Fredrick W. Klaus.*

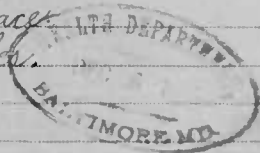
9. Father's Occupation, *Labor Working Man.*

10. Father's Birthplace, *Rosenberg St Marienwerder City Germany.*

Name of Medical Attendant, or other Person who makes this Return *Chas Dange*

Address, *422 Cross St corner III*

Remarks,



be in attendance upon the mother, immediately thereafter as aforesaid, and any such person report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall thereafter fail to comply with the provisions of this section, shall be subjected to the fine of \$10 (10) dollars for each offense to be recovered by other fine and forfeitures are recoverable.

RETURN OF A BIRTH 90180

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Second,*
1. Sex, (state whether male or female) *Male.*
2. Race or Color, (if not of the white race) *Black.*
3. Date of Birth, *Nov. 22d 1888.*
4. Place of Birth, (Street and Number) *Maternity, 1154 115 W. Lombard St.*
5. Full Name of Mother, *Mary Roberson,*
6. Mother's Maiden Name, *Do.*
7. Mother's Birthplace, *Maryland,*
8. Full Name of Father, *_____*
9. Father's Occupation, *_____*
10. Father's Birthplace, *_____*
- Name of Medical Attendant, or other Person who makes this Return, *R. F. Quirk,*
- Address, *1124 115 W. Lombard St.*
- Remarks, *_____*

Report its birth to the Commissioner of Health, in the register and within the period above required, and any such person or persons who fail to do so, shall be liable to the fine of ten (10) dollars for each offense to be recovered as other laws and regulations are recoverable.

RETURN OF A BIRTH. 90181.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

1st Child

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth

Nov. 22^d 1886

4. Place of Birth, (Street and Number)

431 N. Central Ave.

5. Full Name of Mother,

Anna E. Boyle

6. Mother's Maiden Name,

Anna E. Brooks

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

John Boyle

9. Father's Occupation,

Clerk

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return.

J. F. Powell M.D.

Address,

309 St. Paul St. E. E.

Remarks,

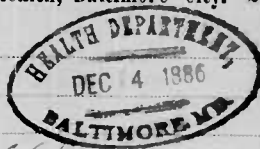
Child Healthy



be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child, to report the birth of such child to the Registrar of Vital Statistics, in the manner and within the period above required, and any such person who fails to do so shall be liable to a fine of ten dollars, and shall be subject to the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2nd

1. Sex, (state whether male or female)

Colored

2. Race or Color, (if not of the white race)

Female

3. Date of Birth,

Nov 22nd 1886

4. Place of Birth, (Street and Number)

No 4 Vincent Street

5. Full Name of Mother,

Catharine Jackson

6. Mother's Maiden Name,

Catharine Downer

7. Mother's Birthplace,

Sumnerdel County

8. Full Name of Father,

Joseph Jackson

9. Father's Occupation,

Butcher

10. Father's Birthplace,

Virginia

Name of Medical Attendant, or other Person who makes this Return.

Sarah Rollins

Address,

Remarks,

and the person or persons in the family, or school, or other place, in which the child is born, shall be liable to a fine of ten dollars for each offence.

be to attendance upon the mother, immediately thereafter it shall be the duty of the person or persons in the family, or school, or other place, in which the child is born, to report the same to the Commissioner of Health, in the manner and form provided by law, and to comply with the provisions of this section, and shall be liable to a fine of ten dollars for each offence to be recovered.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2cd*

1. Sex (state whether male or female), *Male*

2. Race or Color (if not of the white race), *White*

3. Date of Birth, *November 2nd 1886*

4. Place of Birth (Street and Number), *No 124 Chesapeake St.*

5. Full Name of Mother, *Annie Baywik*

6. Mother's Maiden Name, *Annie Fells*

7. Mother's Birthplace, *Baltimore*

8. Full Name of Father, *John Baywik*

9. Father's Occupation, *Laborer*

10. Father's Birthplace, *Baltimore*

Name of Medical Attendant, or other person who makes this Return, *H. A. Butt.*

Address, *647 E. 1st. cor Central av. & Monument St.*

Remarks, *All Well*



Sec. 1072. Whoever knowingly furnishes or causes to be furnished any false or incorrect information in this return, or who knowingly furnishes or causes to be furnished any false or incorrect information in this return, or who knowingly furnishes or causes to be furnished any false or incorrect information in this return, shall be liable to a fine of not less than \$10 and not more than \$50 for each offense, to be recovered as other fines, and forfeiture of the return.

RETURN OF A BIRTH

90184

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *fifth*

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *Nov. 2nd 1886*

4. Place of Birth, (Street and Number) *1342 Mc. TOMSON ST.*

5. Full Name of Mother, *Olivia Belle*

6. Mother's Maiden Name, *Flaherty*

7. Mother's Birthplace, *Balt - Md.*

8. Full Name of Father, *Wm. H. Belle*

9. Father's Occupation, *Blacksmith - 1374 ORA*

10. Father's Birthplace, *Balt - Md.*

Name of Medical Attendant, or other Person who makes this Return. *W. J. Johnson*

Address, *701 Light St*

Remarks, *Shony child*

in accordance with the provisions of the Act, the Registrar of Vital Statistics, Board of Health, Baltimore City, shall report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall heretofore fail to comply with the provisions of the Act, shall be subject to the fine of \$100 (one hundred dollars) for each offense to be recovered as other fines and forfeitures are recoverable.



RETURN OF A BIRTH. 90185

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name of Child, *Arthur Savage Waugh*

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *4.*

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

3. Date of Birth

Nov 22. 1886

4. Place of Birth, (Street and Number)

706 N. Caroline St.

5. Full Name of Mother,

S. A. Waugh

6. Mother's Maiden Name,

J. A. Lound

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Wm. J. Waugh

9. Father's Occupation,

Furniture Finisher

10. Father's Birthplace,

Washington D.C.

Name of Medical Attendant, or other Person who makes this Return.

Emily C. Peterson M.D.

Address,

159 E. Fayette St.

Remarks,



be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child, to
or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of \$5, (10) dollars
for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH ⁹⁰¹⁸⁷

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (~~state whether 1st, 2d, 3d, &c.~~) 3

1. Sex, (~~state whether male or female~~)

Male

2. Race or Color, (~~if not of the white race~~)

3. Date of Birth,

22 November

4. Place of Birth, (Street and Number)

45 Eastern Ave

5. Full Name of Mother,

Mrs. Sambean

6. Mother's Maiden Name,

Roser

7. Mother's Birthplace,

Italy

8. Full Name of Father,

Faleas Sambean

9. Father's Occupation,

Grocery

10. Father's Birthplace,

Italy

Name of Medical Attendant, or other Person who makes this Return.

Sarah Casper

Address,

72 E. Lombard

Remarks,

Report the birth in this certificate of birth, to the Registrar and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or of a nurse, or of a person who has been duly licensed by the Board of Health, and shall then become the duty of the parent or person in charge of the child to report the birth to the Board of Health, and to file a copy of the report with the Registrar of Vital Statistics, and to cause the child to be registered in the birth record, and to cause the child to be subject to a physical examination, and to be vaccinated as other laws and regulations may require.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, etc.)

2nd

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

3. Date of Birth,

22nd November

86 RE MD.

4. Place of Birth, (Street and Number)

708 Saratoga St.

5. Full Name of Mother,

Ida E. Schanck

6. Mother's Maiden Name,

" " Zefferman

7. Mother's Birthplace,

Ct.

8. Full Name of Father,

Wm. J. Schanck

9. Father's Occupation,

Produce Dealer

10. Father's Birthplace,

Baltimore City

Name of Medical Attendant, or other Person who makes this Return

J. M. Greenleaf

Address,

1002 Edmondson Ave.

Remarks,

incarcerated, immediately thereafter it shall become the duty of the person or persons of such child to report the birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (\$10) dollars for each offence, to be recovered as other dues and forfeitures are recoverable.

RETURN OF A BIRTH 90189

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether male or female),
2. Race or Color (if not of the white race),
3. Date of Birth,

4. Place of Birth (Street and Number),

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks,



Nov 22/16

No 209 Plummer St

Ellen Gould

Willy

Baltimore

Charles Gould

laborer

Baltimore

Mrs. Louise Kraft

No 405 S Washington St

RETURN OF A BIRTH

90190

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

fifth

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

white

3. Date of Birth,

Nov 23^d 1886

4. Place of Birth, (Street and Number)

1251 Orleans

5. Full Name of Mother,

Sarah Ball

6. Mother's Maiden Name,

Sankheimer

7. Mother's Birthplace,

Balto. City

8. Full Name of Father,

Max Ball

9. Father's Occupation,

Furniture Dealer

10. Father's Birthplace,

Prussia

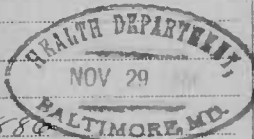
Name of Medical Attendant, or other Person who makes this Return.

W. H. Hutton M.D.

Address,

1824 Mad. Ave.

Remarks,



Report as birth to the Commissioner of Health, at the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

For the State of Maryland, the Registrar of Vital Statistics, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,



90191
Male
White
Jan 23 1880
25 China Street
Caroline Adams
Caroline Smith
Baltimore
Baltimore
Laborer
Eastern Shore Va
John Little
141 N. ...
...

RETURN OF A BIRTH

90192

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *9th Child*

1. Sex, (state whether male ~~or female~~)

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *November the 23, 1886*

4. Place of Birth, (Street and Number) *E. Broadway No 142 G.*

5. Full Name of Mother, *Margaretha Cunkemann*

6. Mother's Maiden Name, *Margaretha Hammann*

7. Mother's Birthplace, *Koppsau, Württemberg, Germany*

8. Full Name of Father, *John A. Cunkemann*

9. Father's Occupation, *Tinner*

10. Father's Birthplace, *Oberförschütz, Prussia, Germany*

Name of Medical Attendant, *Mary E. Müller*

Address, *N. Dallas St No 114*

Remarks,

Report its birth to the Commissioner of Health, in the manner and within the period above required, and any person who fails to do so, or who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of two (2) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

90193

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

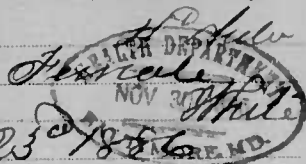
9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,



Nov 23 1886
1137 William St
Harriet Buckley
Harriet Bramble
Ma
Thos. Buckley
Laborer
Ma
J R B Noble Ma
307 Warren St

report his birth to the Commissioner of Health, in the manner and within the period above required, and pay each person for every child so registered, a fee of one dollar, to be paid in advance. If any person who is required to register a birth, shall be subjected to the fine of one dollar, for each offense he is required to be registered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 90194

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

First

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Nov. 23 1880

4. Place of Birth, (Street and Number)

Katonsville, 1134/115 W. Lombard St.

5. Full Name of Mother,

Emma Clark,

6. Mother's Maiden Name,

Oa.

7. Mother's Birthplace,

Maryland.

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

C. F. Ankrim M. D.

Address,

1134/115 W. Lombard St

Remarks,



report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other dues and forfeitures are recoverable.

be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child, to report its birth to the Commissioner of Health, in the manner hereinafter required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

3

1. Sex, (state whether male or female)

m

2. Race or Color, (if not of the white race)

wh

3. Date of Birth

Nov 23 1886

MD.

4. Place of Birth, (Street and Number)

60 St Paul St old Mt Bolt

5. Full Name of Mother,

Mrs Cacaci

6. Mother's Maiden Name,

Mrs Massi

7. Mother's Birthplace,

Italy near Naples

8. Full Name of Father,

Cacaci

9. Father's Occupation,

Confectioner

10. Father's Birthplace,

Scicli

Name of Medical Attendant,

or other Person who makes this Return.

Arch Atkinson

Address,

office

65 N Cherry St

Remarks,

RETURN OF A BIRTH 90196

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,



report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 90197

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Nov 23 1886*
1. Sex, (state whether male or female) *Female*
2. Race or Color, (if not of the white race) *Colored*
3. Date of Birth, *ten days*
4. Place of Birth, (Street and Number) *Price St 235*
5. Full Name of Mother, *Larry Rust*
6. Mother's Maiden Name, *Eliza Gipson*
7. Mother's Birthplace, *Baltimore*
8. Full Name of Father, *Isaac Rust*
9. Father's Occupation, *Porter*
10. Father's Birthplace, *Baltimore*
- Name of Medical Attendant, or other Person who makes this Return, *Eliza Gipson Price St 109*
- Address,
- Remarks,



RETURN OF A BIRTH 90198

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex (state whether male or female),

Male

2. Race or Color (if nat of the white race),

3. Date of Birth,

Nov. 23, 1896

4. Place of Birth (Street and Number),

1531 N. Guilford St

5. Full Name of Mother,

Annie Wink

6. Mother's Maiden Name,

" Berghoff

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Frederick Wink

9. Father's Occupation,

Can Maker

10. Father's Birthplace,

Balt.

Name of Medical Attendant, or other person who makes this Return.

J. H. Webster

Address,

106 Burns

Remarks,

the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to do so, shall be liable to be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 90199

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

Primipara

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth

Nov 23^d 2 A.M. 1886

4. Place of Birth, (Street and Number)

No 11 Clay St

5. Full Name of Mother,

Olga Koennig

6. Mother's Maiden Name,

Olga Grast

7. Mother's Birthplace,

Germany

8. Full Name of Father,

Christian Koennig

9. Father's Occupation,

Tailor

10. Father's Birthplace,

Germany

Name of Medical Attendant, or other Person who makes this Return.

A H Sutton M.D.

Address,

543 Lexington St

Remarks,

Instrumental

report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (\$10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 90200

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

10th Child

1. Sex, (state whether male or female)

female

2. Race or Color, (if not of the white race)

3. Date of Birth,

Nov 23 - 1886

4. Place of Birth, (Street and Number)

1094 Heath St.

5. Full Name of Mother,

Lavinia Kaffenberger

6. Mother's Maiden Name,

Elizabeth Baker

7. Mother's Birthplace,

Germany

8. Full Name of Father,

John Kaffenberger

9. Father's Occupation,

German in factory

10. Father's Birthplace,

Germany

Name of Medical Attendant, or other Person who makes this Return.

J. Schwarzer midwife

Address,

336 Hanover St.

Remarks,

This child died after an age of one day and nine hours in case of weakness.

Persons who fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH ⁹⁰²⁰¹

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *4th Child*

1. Sex, (state whether male or female) *Boy*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *geboren 23 November*

4. Place of Birth, (Street and Number) *No 311 Bond Str*

5. Full Name of Mother, *Dorothea Schluder*

6. Mother's Maiden Name, *Dorothea Schököp*

7. Mother's Birthplace, *Germania*

8. Full Name of Father, *Fred Schluder*

9. Father's Occupation, *Blacksmith*

10. Father's Birthplace, *Germania*

Name of Medical Attendant, or other Person who makes this Return, *Friederike Kaufmann*

Address, *No 517 S. Dallas Str*

Remarks, *Hebammen*

report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH ⁹⁰²⁰²

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *10 Child*

1. Sex, (state whether male or female) *Boy*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *born 23rd November*

4. Place of Birth, (Street and Number) *No 218 Bethel Str*

5. Full Name of Mother, *Charlotte Hermann*

6. Mother's Maiden Name, *Charlotte Wittich*

7. Mother's Birthplace, *Germania*

8. Full Name of Father, *Charles Hermann*

9. Father's Occupation, *Labor*

10. Father's Birthplace, *Germania*

Name of Medical Attendant, or other Person who makes this Return, *Friederike Haufmann*

Address, *No 517 S. Dallas Str*

Remarks, *Hebammen*

Report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person for each offence to be recovered as other laws and regulations are recoverable.

RETURN OF A BIRTH 90203

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *7*

1. Sex, (state whether male or female) *Female*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *Nov 23rd 1886*

4. Place of Birth, (Street and Number) *Jefferson St No 142*

5. Full Name of Mother, *Margaret Witterdorf*

6. Mother's Maiden Name, *Berle*

7. Mother's Birthplace, *Baltimore*

8. Full Name of Father, *John H. Witterdorf*

9. Father's Occupation, *Painter*

10. Father's Birthplace, *Baltimore*

Name of Medical Attendant, or other Person who makes this Return *Mrs R. V. Blair*

Address, *1302 Hollinsworth*

Remarks, *JA*

RETURN OF A BIRTH 90204.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st*

Sex, (state whether male or female) *Female*

Race or Color, (if not of the white race) *White*

Date of Birth, *Nov 23rd 1897*

Place of Birth, (Street and Number) *439 Chambers St*

Full Name of Mother, *Annie C. Stedman*

Mother's Maiden Name, *" "*

Mother's Birthplace, *Baltimore*

Full Name of Father, *Geo R. Stedman*

Father's Occupation, *R-R Conductor*

Father's Birthplace, *St. Mary Co. Md*

Name of Medical Attendant, or other Person who makes this Return, *Theodore Decker M.D.*

Address, *518 Haymarket St*

Remarks,

Report its birth to the Registrar of Vital Statistics, Baltimore City, or persons who shall hereafter fail to comply with the provisions of this section, shall be subject to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White race

3. Date of Birth,

28 November

4. Place of Birth, (Street and Number)

Eden St No 42

5. Full Name of Mother,

Mary M Harris

6. Mother's Maiden Name,

Mary M Curtis

7. Mother's Birthplace,

New England

8. Full Name of Father,

Harry R Harris

9. Father's Occupation,

Clerk

10. Father's Birthplace,

Baltimore City

Name of Medical Attendant, or other Person who makes this Return.

Dr. Hannah

Address,

1829 C Pratt St

Remarks,

Name of child: Pearl Thomas Henry Harris



report the birth to the Commissioner of Health. In the manner and within the period above required, and any other person who fails to do so, or who makes a false report, shall be subjected to the fine of ten (10) dollars for each offense in he recovered as other laws and ordinances are recoverable.

RETURN OF A BIRTH

90206.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3th

Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race)

3. Date of Birth,

Nov 23/1886

4. Place of Birth, (Street and Number)

411 Eastern ave

5. Full Name of Mother,

Agnes Fitzgerald

6. Mother's Maiden Name,

" Lenhart

7. Mother's Birthplace,

Chy

8. Full Name of Father,

Charles Fitzgerald

9. Father's Occupation,

Cigar maker

10. Father's Birthplace,

Chy

Name of Medical Attendant, or other Person who makes this Return

Lizzy Delly

Address,

120 Bity

Remarks,

of persons who shall hereafter fail to comply with the provisions of this act, or for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 90207

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st*

1. Sex, (state whether male or female) *Female*

2. Race or Color, (if not of the white race)

3. Date of Birth, *Nov 23rd 1866*

4. Place of Birth, (Street and Number) *268 E Chase St*

5. Full Name of Mother, *Emma Frazier*

6. Mother's Maiden Name, *Howell*

7. Mother's Birthplace, *Balto*

8. Full Name of Father, *Robert L Frazier*

9. Father's Occupation,

10. Father's Birthplace, *Balto*

Name of Medical Attendant, or other Person who makes this Return, *Geo. B. Ryden, M.D.*

Address, *17 N Calvert St Balto Md*

Remarks,



Be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child to report the birth to the Commissioner of Health, in the manner and within the period above required, and any such person who fails to do so, or who reports the birth in an untrue statement, shall be subject to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 90208

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *First*
1. Sex, (state whether male or female) *Female*
2. Race or Color, (if not of the white race) *Colored*
3. Date of Birth, *November 24th 1886*
4. Place of Birth, (Street and Number) *No 422 Moore*
5. Full Name of Mother, *Lizzie Brooks*
6. Mother's Maiden Name, *Turrill*
7. Mother's Birthplace, *Baltimore City Md*
8. Full Name of Father, *Richard Brooks*
9. Father's Occupation, *Watchman*
10. Father's Birthplace, *Eastern Shore Md*
- Name of Medical Attendant, or other Person who makes this Return, *Amelia Johnson*
- Address, *125 E. Hamilton St*
- Remarks,



be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall fail to do so, shall be liable to a fine of ten (\$10) dollars for each offence to be recovered as other laws and forfeitures are recoverable.

RETURN OF A BIRTH ²⁰²⁰⁹

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

3. Date of Birth,

Nov 24

4. Place of Birth, (Street and Number)

Balto 283 Mollman St

5. Full Name of Mother,

Ella Nova Parks

6. Mother's Maiden Name,

Worfelke

7. Mother's Birthplace,

Balto

8. Full Name of Father,

Geo L Parks

9. Father's Occupation,

oil Dealer

10. Father's Birthplace,

Balto

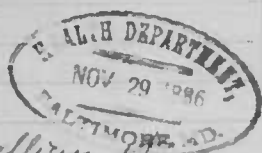
Name of Medical Attendant, or other Person who makes this Return

Mrs Conway

Address,

131 Batt av

Remarks,



Birth of any child shall be reported to the Registrar of Vital Statistics, Baltimore City, by the mother, immediately after the birth, or by the father, if the mother is dead, or by the physician, if the mother is unable to report, or by any other person who shall be subject to a fine of ten dollars for each offense, to be recovered as other fines and penalties are recovered.

RETURN OF A BIRTH 90210

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,



24th of Nov.

127 E. Lombard

Mary Fuller
Cook

Baltimore

George Fuller
Laborer

Baltimore

Sarah Casper

72 E. Lombard St.

Birth of any child shall be reported to the Registrar of Vital Statistics, Baltimore City, by the mother, or by the father, or by the physician, or by the midwife, or by any other person who shall hereafter fall in compliance with the provisions of this section, and for each offense to be reported as other fines and forfeitures are recoverable.

RETURN OF A BIRTH ⁹⁰²¹¹

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

116.

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

3. Date of Birth,

Nov 24th 1886

4. Place of Birth, (Street and Number)

No 421 N. Baltimore St

5. Full Name of Mother,

Katie Schlerth

6. Mother's Maiden Name,

" " Eckert

7. Mother's Birthplace,

Hessen Helmershausen

8. Full Name of Father,

Michael Schlerth

9. Father's Occupation,

Carpenter

10. Father's Birthplace,

Augsfeld Bavaria

Name of Medical Attendant, or other Person who makes this Return

Anne S. Sinden

Address,

1100 S. Monroe St.

Remarks,



be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons who shall report its birth to the Commissioner of Health, in the manner provided within the period above required, and may such person or persons who shall thereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other laws and ordinances are recoverable.

RETURN OF A BIRTH ⁹⁰²¹²

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2, Mitchel

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, Nov 24, 1886

4. Place of Birth, (Street and Number) 421 N. High St

5. Full Name of Mother, Hessy Schner

6. Mother's Maiden Name, Hessy Rogof

7. Mother's Birthplace, Russia

8. Full Name of Father, Moses Schner

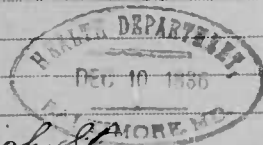
9. Father's Occupation, Presser

10. Father's Birthplace, Russia

Name of Medical Attendant, E. Scherman
or other Person who makes this Return.

Address, Albemarle st #103.

Remarks,



Be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subject to the fine of \$100 dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 90213.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, Nov 24th 1886

4. Place of Birth, (Street and Number) 1110 E Monument St

5. Full Name of Mother, Ellen J. Kothie

6. Mother's Maiden Name, Stevenson

7. Mother's Birthplace, Balto. Md.

8. Full Name of Father, Charles A. Kothie

9. Father's Occupation, Engineer

10. Father's Birthplace, Balto Md.

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,

Mrs. Dena Hillegert
#182 E Monument St.
1038 (New Number)



be in attendance upon the mother, immediately after the birth of each child, and report the birth to the Registrar of Health, in the manner and within the period above required, and any such person or person acting for him or her, who shall neglect or fail to comply with the provisions of this section, shall be subject to a fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 90214

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (~~state whether 1st, 2d, 3d, &c.~~) 5th

1. Sex, (~~state whether male or female~~)

2. Race or Color, (~~if not of the white race~~)

3. Date of Birth, Nov 24th /86.

4. Place of Birth, (Street and Number) 813 N. Cedar St.

5. Full Name of Mother, Anna E. Norman.

6. Mother's Maiden Name, Anna E. Lamb.

7. Mother's Birthplace, Annapolis, Md.

8. Full Name of Father, John Norman.

9. Father's Occupation, Confectioner.

10. Father's Birthplace, Pittsburg, Pa.

Name of Medical Attendant, or other Person who makes this Return, John C. R. Boyd, M.D.

Address, N. N. 662 "Lexington" St.,

Remarks,

Birth of any child shall occur without the attendance of a physician or practitioner of medicine, and the mother shall be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence.

RETURN OF A BIRTH 90215

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Third

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Nov. 24th. 1886

4. Place of Birth, (Street and Number)

702 S. Dallas St.

5. Full Name of Mother

Alice Davis

6. Mother's Maiden Name,

Alice Woods

7. Mother's Birthplace,

Richmond, Virginia

8. Full Name of Father,

Thomas Davis

9. Father's Occupation,

Printer

10. Father's Birthplace,

New York

Name of Medical Attendant, or other Person who makes this Return

W. L. Dashiell, Jr., M.D.

Address,

700 S. Broadway

Remarks,

RETURN OF A BIRTH 90216

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *3rd Child*
1. Sex, (state whether male or female) *B. Girl*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *geboren den 24 November*
4. Place of Birth, (Street and Number) *No 124 Eastern St BALTIMORE MD*
5. Full Name of Mother, *Marij Maffi*
6. Mother's Maiden Name, *Marij Hall*
7. Mother's Birthplace, *Baltimore*
8. Full Name of Father, *Charles Maffi*
9. Father's Occupation, *Labor*
10. Father's Birthplace, *Baltimore*
- Name of Medical Attendant, or other Person who makes this Return, *Friederike Kaufmann*
- Address, *No 517 S. Dallas Str*
- Remarks, *H. C. M. M.*

Failure of any child shall be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child, as report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person who fails to do so, shall be liable to a fine of ten dollars, and shall be subject to the fine of ten dollars for each offence to be proved as other laws and ordinances are provable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Male

Race or Color, (if not of the white race)

White

Date of Birth,

Nov 24, 1884

Place of Birth, (Street and Number)

Ada

Williams

Full Name of Mother,

Ellen E. Williams

Mother's Maiden Name,

John H. Williams

Mother's Birthplace,

Labrum

Full Name of Father,

Unknown

Father's Occupation,

W. H. Smith

Father's Birthplace,

Name of Medical Attendant,

or other Person who makes this Return

Address,

144 N. E. near Franklin

Remarks,

Baby weighs 13 lb. no trace of placenta

Missing 90218 and 90219

RETURN OF A BIRTH 90220

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Second.

1. Sex, (state whether male or female)

Female.

2. Race or Color, (if not of the white race)

Black.

3. Date of Birth,

Nov. 24th 1884

4. Place of Birth, (Street and Number)

Maternity 113 & 115 W. Lombard St.

5. Full Name of Mother,

Medora Fells

6. Mother's Maiden Name,

Medora Fells

7. Mother's Birthplace,

Virginia.

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

11. Name of Medical Attendant, or other Person who makes this Return.

L. F. Ankrim, M.D.

Address,

113 & 115 W. Lombard St.

Remarks,

of the patient, and the number of the mother of each child of the mother.

RETURN OF A BIRTH

GIVEN NAME ASSIGNED

10-30-52

70221

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: *Elmer Lee Shea*

1. Sex, (state whether male or female) *First*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *1884*
4. Place of Birth, (Street and Number) *24th November 470 Lexington St*
5. Full Name of Mother, *Annie Shea*
6. Mother's Maiden Name, *Falvey*
7. Mother's Birthplace, *Baltimore Md*
8. Full Name of Father, *John Andrew Shea*
9. Father's Occupation, *Clerk*
10. Father's Birthplace, *Montgomery County Md*

Name of Medical Attendant, or other Person who makes this Return, *Susan Hunter*

Address, *17 21st Ave*

Remarks, *17 21st Ave*

For each offense to be recovered in other files and signatures are recoverable.

or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of, or a (10) dollar.

RETURN OF A BIRTH

90222

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *8th*

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *Nov 24 1896*

4. Place of Birth, (Street and Number) *24 Weyland St*

5. Full Name of Mother, *Louisa A Young*

6. Mother's Maiden Name, *" " " "*

7. Mother's Birthplace, *Baltimore*

8. Full Name of Father, *E J Young*

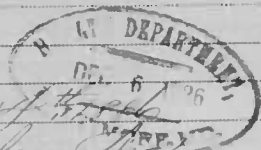
9. Father's Occupation, *Paper Box Manufacturer*

10. Father's Birthplace, *Germany*

Name of Medical Attendant, or other Person who makes this Return, *Head of Office*

Address, *575 Lancaster St*

Remarks,



report in birth to the Registrar of Health in the manner and within the period above required, and pay such fees as or persons who make this return, shall be subject to the fine of ten (10) dollars for each offense to be recovered as other laws and ordinances are enforceable.

RETURN OF A BIRTH 90223.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *3d*
1. Sex, (state whether male or female) *Female*
2. Race or Color, (if not of the white race)
3. Date of Birth. *25th November 1902*
4. Place of Birth, (Street and Number) *To 34 Harrison St*
5. Full Name of Mother. *Regina Alice Hauser*
6. Mother's Maiden Name, *Sabster*
7. Mother's Birthplace. *Baltimore*
8. Full Name of Father. *John Theodore Hauser*
9. Father's Occupation. *Laborer*
10. Father's Birthplace. *Baltimore*
- Name of Medical Attendant, or other Person who makes this Return. *Mr Wm B. Sabster*
- Address. *No 28 & Frederick St Baltimore City*
- Remarks.

Persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 90324

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name - William Dietrich-Lottmann
No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8th child

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race)

3. Date of Birth, Nov. 24 - 1886

4. Place of Birth, (Street and Number) 248 Wall St

5. Full Name of Mother, Dora (Lottmann) Lottmann

6. Mother's Maiden Name, " " (Anfert) Lampe

7. Mother's Birthplace, Germany

8. Full Name of Father, Friedrich (Lottmann) Lottmann

9. Father's Occupation, shoe maker

10. Father's Birthplace, Germany

Name of Medical Attendant, or other Person who makes this Return, J. J. Belg

Address, 120 Can St

Remarks,



RETURN OF A BIRTH 90225

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

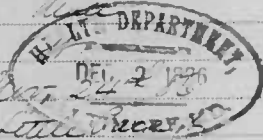
9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,



3 Stillborn

Excelsior Lodge

Pitts

Baltimore

Geo. L. Loe

Storer

Baltimore

Mary Cook

1018 E. Euter P.

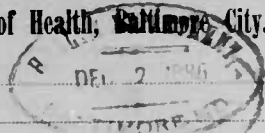
Persons who fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

90326

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th



1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race)

3. Date of Birth, Nov 24th 1886

4. Place of Birth, (Street and Number) 116 Broadway

5. Full Name of Mother, Emma Singval

6. Mother's Maiden Name, " " Westling

7. Mother's Birthplace, City

8. Full Name of Father, Charles Singval

9. Father's Occupation, Hat Store

10. Father's Birthplace, City

Name of Medical Attendant, or other Person who makes this Return, Lizzie Bely

Address, 20 Barbet

Remarks,

RETURN OF A BIRTH ¹⁹⁰³

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *No. 25* ¹⁸⁸⁶
1. Sex, (state whether male or female) *Male child*
2. Race or Color, (if not of the white race) *Colored child*
3. Date of Birth, *November 25 1886*
4. Place of Birth, (Street and Number) *232 North Furber Street*
5. Full Name of Mother, *Mrs. Martha Gustas*
6. Mother's Maiden Name, *Gustas Steward*
7. Mother's Birthplace, *Mrs. James Mathias Baltimore City*
8. Full Name of Father, *Mathias James*
9. Father's Occupation, *Occupation Seafaring sailor*
10. Father's Birthplace, *Eastern Shore Maryland*
- Name of Medical Attendant, or other Person who makes this Return *Dr. J. J. Gamble No. 308*
- Address, *Chesnut Street*
- Remarks,

Any person who neglects to report the birth of a child to the Board of Health, in the manner and within the time required, or who fails to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH 90228

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, Nov. 26th 1896

4. Place of Birth, (Street and Number) 100 Philpot Alley

5. Full Name of Mother, Annie Harmon

6. Mother's Maiden Name, Sebers

7. Mother's Birthplace, Germany

8. Full Name of Father, John Harmon

9. Father's Occupation, Blacksmith

10. Father's Birthplace, Germany

Name of Medical Attendant, Wm. Rena Hellegard

Address, 1825 Monument St

Remarks, 103 P (Tur Number)



or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 70227

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d

1. Sex, (state whether male or female) male

2. Race or Color, (if not of the white race) colored

3. Date of Birth, Nov 25 1886

4. Place of Birth, (Street and Number) 1808 Ething Street

5. Full Name of Mother, Mary E. Shierell

6. Mother's Maiden Name, Mary E. Shierell

7. Mother's Birthplace, Eastern Talbot Co. Md.

8. Full Name of Father, Thomas Shierell

9. Father's Occupation, Farmer

10. Father's Birthplace, Anne Ar. Md.

Name of Medical Attendant, or other Person who makes this Return, Doctor Tolance

Address, 434 N. Monumental St.

Remarks,



Report is to be made to the Commissioner of Health, in the manner and within the period above required, and any such person or person who shall neglect or fail to comply with the provisions of this section, shall be subjected to the fine of ten (\$10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

For each person to the family name of birth, in the register and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

GIVEN NAME ADDED 1-13-55
RETURN OF A BIRTH 10230

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Celya Juanette Harris
No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female) *female*
2. Race or Color, (if not of the white race) *white*
3. Date of Birth, *Jan. 25, 1955*
4. Place of Birth, (Street and Number) *1100 Franklin St.*
5. Full Name of Mother, *James Harris*
6. Mother's Maiden Name, *Wheeler*
7. Mother's Birthplace, *Chicago, Ill.*
8. Full Name of Father, *William Harris*
9. Father's Occupation, *Driver*
10. Father's Birthplace, *Chicago, Ill.*
- Name of Medical Attendant, or other Person who makes this Return, *H. C. B.*
- Address, *1100 Franklin St.*
- Remarks,



duty of the parent or parents of such child to report as fully as the Board of Health, in the manner, and within the period hereinafter required, except in the cases of the birth, and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offense, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH⁷⁰³³¹

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

1. Sex, (state whether male or female) male

2. Race or Color, (if not of the white race) white

3. Date of Birth, in 23rd Feb. 1880.

4. Place of Birth, (Street and Number) 319 Convent St.

5. Full Name of Mother, Wilhelmina Kanner

6. Mother's Maiden Name, Wilhelmina Griesenmacher

7. Mother's Birthplace, St. Ponsen, Germany

8. Full Name of Father, George Kanner

9. Father's Occupation, Tanner

10. Father's Birthplace, St. Ponsen, Germany

Name of Medical Attendant, or other Person who makes this Return Lena Schmitt

Address, 1115 E. Lombard St.

Remarks,

Persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH ⁹⁰²³²

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) female

2. Race or Color, (if not of the white race) White

3. Date of Birth, November 25th.

4. Place of Birth, (Street and Number) Pratt st. 226

5. Full Name of Mother, J. M. Lorn

6. Mother's Maiden Name, Ida. M. Haupt

7. Mother's Birthplace, Prussia

8. Full Name of Father, Harmon J. Lorn

9. Father's Occupation, Shoe Case maker

10. Father's Birthplace, Prussia

Name of Medical Attendant, or other Person who makes this Return, Mrs. Sebach

Address, W. Pratt st. 439

Remarks,



RETURN OF A BIRTH 90233

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return,

Address,

Remarks,

6th
Female
White
Nov. 23, 1886
Baltimore, Md.
129 Luzerne St.
Kate Connor
Kate McWilliams
Balto.
William C. Connor
Seaborer
Balto.
Mary S. Swayne
726 Luzerne St.
Premature Birth

Report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subject to the fine of ten (10) dollars for each offence to be recovered as other dues and forfeitures are recoverable.

RETURN OF A BIRTH.

90234

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, ~~2d~~, ~~3d~~, &c.)

1. Sex (state whether ~~Male~~ or Female)

2. Race or Color (if not of the white race)

3. Date of Birth

4. Place of Birth (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

First
Female
White

November 25, 1886.

No. 15 Wilkins

Julia Harris

" Maskell

Baltimore, Maryland

George C. Harris

Mechanic

Virginia

Ridgely Hammond, M. D.

No. 148-502 North Canal St.

Well formed healthy child.



RETURN OF A BIRTH *90235*

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st child*

1. Sex, (state whether male or female) *male*

2. Race or Color, (if not of the white race)

3. Date of Birth.

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this return.

Address,

Remarks,



or persons who shall hereafter (all to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH ⁷⁰²³⁶

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *First*
1. Sex, (state whether male or female) *Male*
2. Race or Color, (if not of the white race) *Colored*
3. Date of Birth. *Nov 25. 1886*
4. Place of Birth, (Street and Number) *528 Vincent St al*
5. Full Name of Mother, *Sarah Green*
6. Mother's Maiden Name, *Sarah Wilson*
7. Mother's Birthplace, *West River Md*
8. Full Name of Father, *Henry Green*
9. Father's Occupation, *Laborer*
10. Father's Birthplace, *West River Md*
- Name of Medical Attendant, or other Person who makes this Return, *School Proctor*
- Address, *511 Carlton*
- Remarks,

Every birth in the City of Baltimore shall be reported to the Registrar of Health, in the manner and within the period above required, and any such person or persons who shall be reported as other than the true and correct facts, shall be liable to the fine of ten (10) dollars for each offence in be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 96237

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *3rd Child*

1. Sex, (state whether male or female)

Boy

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

born on 25 November

4. Place of Birth, (Street and Number)

18 Camden St

5. Full Name of Mother,

Therese Gelner

6. Mother's Maiden Name.

Therese Hoeneswender

7. Mother's Birthplace,

Germania

8. Full Name of Father,

Wentzel Gelner

9. Father's Occupation,

Schreiner

10. Father's Birthplace,

Germania

Name of Medical Attendant, or other Person who makes this Return.

Friederike Kaufmann

Address,

517 S. Dallas St

Remarks,

Habermane

Report to the Commissioner of Health, of the manner and within the period above required, and any such person thereafter, all in compliance with the provisions of this section, shall be subject to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 90238

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race)

3. Date of Birth.

25 Nov 1886

4. Place of Birth, (Street and Number)

528 East St

5. Full Name of Mother,

Elizabeth Schellen

6. Mother's Maiden Name,

Gruhl

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

John Schellen

9. Father's Occupation,

Laborer

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return.

Elizabeth Jewell

Address,

516 East Ave

Remarks,



report the birth to the Commissioner of Health in the manner and within the period of time required, and pay such person or persons who comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 90239

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,



RETURN OF A BIRTH 90240

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,

Male
White
Nov 25 1886
Baltimore, Md.
Lewis & Co 14
Minnie George
Dehman
Baltimore
Chas Wm George
Printer
Baltimore
Mrs R. Volleg
1302 Hollands St

RETURN OF A BIRTH 90241

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



- No. of Child of Mother. (state whether 1st, 2d, 3d, &c.) *1st*
1. Sex, (state whether male or female) *Male*
2. Race or Color, (if not of the white race) *white*
3. Date of Birth, *Nov. 25th 1886*
4. Place of Birth, (Street and Number) *93 S. Bond St.*
5. Full Name of Mother, *Lucy Hastman*
6. Mother's Maiden Name, *Lucy Kuster*
7. Mother's Birthplace, *New York State*
8. Full Name of Father, *Rev. Ernst Hastman*
9. Father's Occupation, *Pastor*
10. Father's Birthplace, *Germany*

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,

*A. J. Erich M. D.
613 Park Ave.*

RETURN OF A BIRTH

90242

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,



For 25th 1886

949 S. Broadway

Lizzy Beck

Madison

Germany

Levi Beck

Car. Baker

Germany

Lizzy Betz

120 S. 1st St

Persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

9024.3

HEALTH DEPARTMENT,
BALTIMORE MD.
DEC 2 1856

- or person who shall hereafter fail to comply with the provisions of this section, shall be subject to the fine or ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH ^{90.245}

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth, *Nov 25 90*

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

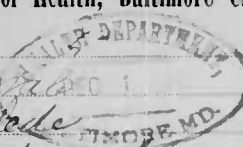
9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,



908 Jordan ally
908 Jordan ally
Sarah Jennings
Sarah Boon
Baltimore
Charles Jennings
Wayman
Baltimore
Miss Lucy Cornish
No 906 Jordan ally

report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

within the period above required, except in the cases of illegitimate children, and any parent or person who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH ⁹⁰³⁰¹

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

5th

Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

W

3. Date of Birth,

Nov 25 86

4. Place of Birth, (Street and Number)

38 Stockton St

5. Full Name of Mother,

Mary Jane Patterson

6. Mother's Maiden Name,

7. Mother's Birthplace,

Bald. Md.

8. Full Name of Father,

Mr. A. Patterson

9. Father's Occupation,

Churner

Father's Birthplace,

Md.

Name of Medical Attendant, or other Person who makes this Return

Henry Chandler M.D.

Address,

81 Linden Av.

Remarks,



RETURN OF A BIRTH 90547

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

4

1. Sex (state whether male or female),

Male

2. Race or Color (if not of the white race),

3. Date of Birth,

Nov 25/86

4. Place of Birth (Street and Number),

No 24 Moyer St

5. Full Name of Mother,

Bertha Wolf
(Phillips) Phillips
Baltimore

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

Henry (Harry) Wolf

9. Father's Occupation,

Labourer

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other person who makes this Return.

Mrs. Louise Kraft

Address,

No 405 S Washington St.

Remarks, Full name Henry Wolf Jr.

the Registrar of Health, in the manner and within the period above required, and any such person or persons who fail to do so shall be subject to the fine of ten (\$10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH, 90248

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2^d
1. Sex (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth Nov - 2nd 1886
4. Place of Birth, (Street and Number) 196 Penns ave
5. Full Name of Mother Maggie Kirby
6. Mother's Maiden Name Maggie Uppermer
7. Mother's Birthplace Baltimore Md.
8. Full Name of Father Edward C. Kirby
9. Father's Occupation Clerk
10. Father's Birthplace Baltimore Md
- Name of Medical Attendant, or other Person who makes this Return. James Bacon M.D.
- Address Cor arlington & Lafayette aves
- Remarks

RETURN OF A BIRTH

20249

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.),

2nd

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

white

3. Date of Birth,

November 26th 1886

4. Place of Birth, (Street and Number)

11 Calapascog St

5. Full Name of Mother,

Lucia Cornell

6. Mother's Maiden Name,

Lucia Shreck

7. Mother's Birthplace,

Baltimore Maryland

8. Full Name of Father,

Loren W. Cornell

9. Father's Occupation,

Laborer

10. Father's Birthplace,

New York

Name of Medical Attendant, or other Person who makes this Return.

L. H. Wiley M.D.

Address,

405 West Lombard St City

Remarks,

report the birth to the Commissioner of the State, on the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

report by birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH ⁹⁰²⁵⁰

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st*

1. Sex, (state whether male or female) *female*

2. Race or Color, (if not of the white race) *white*

3. Date of Birth, *Nov 26th 1886*

4. Place of Birth, (Street and Number) *86 E. Hopper St.*

5. Full Name of Mother, *Uddie Harris*

6. Mother's Maiden Name, *Johnson*

7. Mother's Birthplace, *Wash. D.C.*

8. Full Name of Father, *Wm. H. Harris*

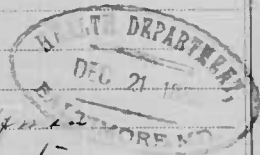
9. Father's Occupation, *carpenter*

10. Father's Birthplace, *Baltimore*

Name of Medical Attendant, or other Person who makes this Return, *M. B. Billingsley*

Address, *1206 E. Preston*

Remarks,



RETURN OF A BIRTH 40551

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

4th

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

3. Date of Birth,

Nov 25th 1891

4. Place of Birth, (Street and Number)

Harford St. Trinity Ch

5. Full Name of Mother,

Annex S. Thompson

6. Mother's Maiden Name,

Code

7. Mother's Birthplace,

Calif

8. Full Name of Father,

George Thompson

9. Father's Occupation,

Barber

10. Father's Birthplace,

Germany

Name of Medical Attendant, or other Person who makes this Return.

Dr. C. B. Bellinger

Address,

1206 E. Madison St

Remarks,

Report in Birth to the Commissioner of Health, in the manner and within the period above required, and any such person who shall hereafter fail to comply with the provisions of this act, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

Report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH ⁷⁰³⁵²

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female)

female

2. Race or Color, (if not of the white race)

white

3. Date of Birth,

Nov 26th 1886

4. Place of Birth, (Street and Number)

297 1413 E. Howard

5. Full Name of Mother,

Mary Mercer

6. Mother's Maiden Name,

Drivley

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

George Mercer

9. Father's Occupation,

Solicitor

10. Father's Birthplace,

Virginia

Name of Medical Attendant, or other Person who makes this Return,

Dr. B. Billingsley Jr.

Address,

1206 E. Pearson St

Remarks,

Report the birth to the Commissioner of Health in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this law, shall be subjected to the fine of ten (\$10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 90253

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

20th Nov 1886

4. Place of Birth, (Street and Number)

1220. Lafayette Ave

5. Full Name of Mother,

Anna Cannon Wilson

6. Mother's Maiden Name,

"

Cannon

7. Mother's Birthplace,

Bark

8. Full Name of Father,

Edward C Wilson

9. Father's Occupation,

Clerk

10. Father's Birthplace,

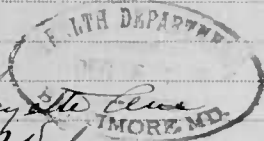
Pa

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,

Geo H. Haylett
W.C. Haylett & Co. Inc.



RETURN OF A BIRTH 90254

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.).....4

1. Sex (state whether male or female),.....Male

2. Race or Color (if not of the white race),.....White

3. Date of Birth,.....26 of Nov 1896

4. Place of Birth (Street and Number),.....103 W. more

5. Full Name of Mother,.....Cora Waverly

6. Mother's Maiden Name,.....Cora Stump

7. Mother's Birthplace,.....Prern

8. Full Name of Father,.....John Waverly

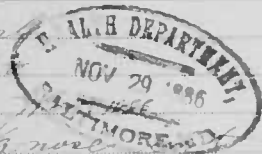
9. Father's Occupation,.....Laborer

10. Father's Birthplace,.....Prern

Name of Medical Attendant, or other person who makes this Return,.....Lubna Cris Cole

Address,.....111 W. 127 St

Remarks,



who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH *90255*

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

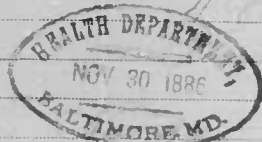
9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,



134 Light St.
Lizzie Ulrich
Breidel. Co
America.
Frank Ulrich
Class. Teacher
Germany
John W. Ulrich
330 Broadway St.

RETURN OF A BIRTH 90356

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

26th / November

4. Place of Birth, (Street and Number)

No. 6 Gallagher Court

5. Full Name of Mother,

Bridge. Mr. James

6. Mother's Maiden Name,

Bridge Barnes

7. Mother's Birthplace,

Ireland

8. Full Name of Father,

Pat. Mc. Mc James

9. Father's Occupation,

Labour

10. Father's Birthplace,

Ireland

Name of Medical Attendant, or other Person who makes this Return.

Mr. & J. Gray

Address,

517 S. Calvert

Remarks,

A healthy & mild

or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered in other suits and forfeitures are recoverable.

RETURN OF A BIRTH ⁹⁰²⁵⁷

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks.

HEALTH DEPT
Male
White
Nov 26 1886
220 Warren av
Ellen Bitters
Ellen Snowbray
Dorchester Mass
Jos Bitters
Engineer
New Jersey
L B Noble, M.D.
301 Warren av

RETURN OF A BIRTH ⁹⁰²⁵⁸

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)... 2d

1. Sex, (state whether male or female) ... M

2. Race or Color, (if not of the white race) ...

3. Date of Birth, ... 26 Nov 18

4. Place of Birth, (Street and Number) ... 323 Fort Ave

5. Full Name of Mother, ... Minunda Voice

6. Mother's Maiden Name, ... Moon

7. Mother's Birthplace, ... Baltimore

8. Full Name of Father, ... Thomas Voice

9. Father's Occupation, ... Brick maker

10. Father's Birthplace, ... Baltimore

Name of Medical Attendant, or other Person who makes this Return, ... Elizabeth Jewell

Address, ... 516 Fort Ave

Remarks, ...



Persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 9027

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1

Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Apr. 26th 1886

4. Place of Birth, (Street and Number)

1100 M^c Cullough St

5. Full Name of Mother,

Louisa P. Mallinckrodt

6. Mother's Maiden Name,

" " Whelan

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

George W. Mallinckrodt

9. Father's Occupation,

Merchant

10. Father's Birthplace,

Baltimore

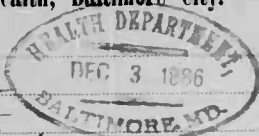
Name of Medical Attendant, or other Person who makes this Return.

Thomas Opie M. D.

Address,

600 N. Howard St

Remarks,



RETURN OF A BIRTH 90260

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second,
 Sex, (state whether male or female) Female,
 2. Race or Color, (if not of the white race) Black.
 3. Date of Birth, Nov. 26, 1884,
 4. Place of Birth, (Street and Number) Maternity 1134, 115 W. Lombard St.
 5. Full Name of Mother, Ida Smith.
 6. Mother's Maiden Name, D.O.
 7. Mother's Birthplace, Maryland.
 8. Full Name of Father, _____
 9. Father's Occupation, _____
 10. Father's Birthplace, _____
 Name of Medical Attendant, or other Person who makes this Return, L. F. Enkrum, M.D.
 Address, 1134 115 W. Lombard St.
 Remarks, _____

RETURN OF A BIRTH ⁹⁰²⁶¹

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

First,

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

Black

3. Date of Birth,

Nov. 26 1886

4. Place of Birth, (Street and Number)

Maternity, 1134 115 W. Lombard St.

5. Full Name of Mother,

Mary Barnes

6. Mother's Maiden Name,

W. &

7. Mother's Birthplace,

Maryland

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

B. F. Ankerson, M.D.

Address,

1134 115 W. Lombard St.

Remarks,

Persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

who shall hereafter fail to comply with the provisions of this section shall be liable to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 70562

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex (state whether male or female), Male

2. Race or Color (if not of the white race),

3. Date of Birth, June 26 - 1886

4. Place of Birth (Street and Number), 314 S. E. Pratt St.

5. Full Name of Mother, Mary Trautmann

6. Mother's Maiden Name, Neenan

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Fredrick Trautmann

9. Father's Occupation, Barber

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Mary Elise

Address, 1427 E. Pratt St.

Remarks,

RETURN OF A BIRTH 90263

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex (state whether male or female), Female

2. Race or Color (if not of the white race),

3. Date of Birth, Dec 26

4. Place of Birth (Street and Number), 215 N. E. 1st St.

5. Full Name of Mother, Lurana Rich

6. Mother's Maiden Name, Hill

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Loral Rich

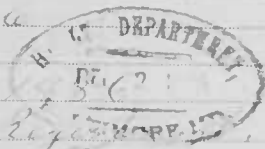
9. Father's Occupation, Letter Carrier

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, L. J. Hill

Address, 1217 E. 11th St.

Remarks,



who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 90264

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex (state whether male or female), Female

2. Race or Color (if not of the white race),

3. Date of Birth, Jan 26 1894

4. Place of Birth (Street and Number), 1316 Easton Ave.

5. Full Name of Mother, Annie Maggie Smith

6. Mother's Maiden Name, Hogg

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Peter Henry Hogg

9. Father's Occupation, Carpenter

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Mary Shaw

Address, 1127 E. Pratt St.

Remarks,

who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 90265

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,

HEALTH DEPARTMENT

DEC. 6 1905

RECEIVED

Persons who shall hereafter fail to comply with the provisions of this section, shall be subject to the fine of \$100 dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 90266

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 11th

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, Nov 26 1886

4. Place of Birth, (Street and Number) 1339 W. Broadway

5. Full Name of Mother, Mary Cook

6. Mother's Maiden Name, Mary

7. Mother's Birthplace, Baltimore, Md

8. Full Name of Father, George Cook

9. Father's Occupation, Carpenter

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return, Dr. J. H. Cook

Address, 518 W. Broadway

Remarks,

Persons who shall hereafter fail to comply with the provisions of this section, shall be subject to the fine of five (5) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 90267

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female)

Male WILLIAM HENRY

2. Race or Color, (if not of the white race)

White

3. Date of Birth

Nov. 26, 1886

4. Place of Birth, (Street and Number)

No. 46 Trout St.

5. Full Name of Mother,

MATILDA A. HEIMILLER
Julie Heimiller

6. Mother's Maiden Name,

Kerr

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

CHARLES HEIMILLER

9. Father's Occupation,

Coch Painter

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return.

J. H. Scapp G. D.

Address,

Charles Center St.

Remarks,

live

Report its birth to the Commissioner of Health, or to the Registrar of Vital Statistics, Baltimore City, or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (\$10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 90268

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number).

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

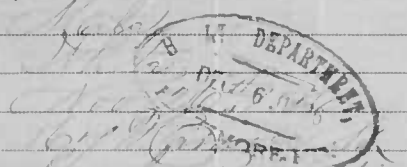
9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,



Handwritten signature: *Wm. H. Harrison*
 Address: *578 Hancock St. Baltimore*

Persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (\$10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

90269

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

DEPARTMENT

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2nd Child

1. Sex (state whether male or female)

Female

2. Race or Color (if not of the white race)

White

3. Date of Birth

Nov 26 1886

4. Place of Birth (Street and Number)

623 E. Fayette St

5. Full Name of Mother

Minnie Dietz

6. Mother's Maiden Name

Hamburger

7. Mother's Birthplace

Germany

8. Full Name of Father

Louis Dietz

9. Father's Occupation

Tailor

10. Father's Birthplace

Russia

Name of Medical Attendant, or other Person who makes this Return.

Francis A. Lauer M.D.

Address

439 N. Central Ave

Remarks

or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH ⁹⁰²⁷⁰

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Seventeenth 17*

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

3. Date of Birth,

Nov 2

4. Place of Birth, (Street and Number)

Baltimore

5. Full Name of Mother,

Annie (Everts) Ewertowski

6. Mother's Maiden Name,

Annie Everts

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Peter (Everts) Ewertowski

9. Father's Occupation,

Fluxter

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return.

Mrs. M. Shaffer

Address,

134 Ridgely St.

Remarks,

Full name of child - Peter Ewertowski (Everts)



RETURN OF A BIRTH 90271

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race)

3. Date of Birth,

26 November

4. Place of Birth, (Street and Number)

27 Grant

5. Full Name of Mother,

Jenny Shoemack

6. Mother's Maiden Name,

Dinneron

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

George Shoemack

9. Father's Occupation,

Labourer

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return.

Sarah Casper

Address,

72 E. Lombard

Remarks,

or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH ^{902/2}

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

3. Date of Birth,

26 November

4. Place of Birth, (Street and Number)

32 Pratt

5. Full Name of Mother,

Henretta Bohler

6. Mother's Maiden Name,

Ritter

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Robert Bohler

9. Father's Occupation,

Cigar-store

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return

Sarah Casper

Address,

72 E. Lombard

Remarks,

of persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 90273

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who
makes this Return

Address,

Remarks,

female
Colored
September 26
824 Stirling st
Lyda Gross
Lyda Timmons
Baltimore
Daniel Gross
Labor Baltimore
Baltimore
Elizabeth Doyle
114 Stirling st
Baltimore Md

Special license to the Commissioner of Health, of the marriage and without the license above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered, as other fines and forfeitures are recoverable.

One RETURN OF A BIRTH *92074*

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Name of Child *Helen Elizabeth Johnson*

1st Child

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

3. Date of Birth,

Nov. 26 - '86

4. Place of Birth, (Street and Number)

121 Sharp. ST. MORE MD.

5. Full Name of Mother,

Josephine N. Johnson,

6. Mother's Maiden Name,

" " Bromwell,

7. Mother's Birthplace,

Worcester Co., Md.

8. Full Name of Father,

Wm. L. Johnson,

9. Father's Occupation,

Dealsman -

10. Father's Birthplace,

Balto. City -

Name of Medical Attendant, or other Person who makes this Return,

R. J. H. Tall. M.D.,

Address,

152 Sharp. ST.

Remarks,

RETURN OF A BIRTH 70975

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth, 26 November

4. Place of Birth, (Street and Number) Leadenhall 46

5. Full Name of Mother, Maggie Deitz

6. Mother's Maiden Name, Hedroeg

7. Mother's Birthplace, Germany

8. Full Name of Father, Adam Deitz

9. Father's Occupation, Laborer

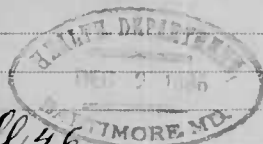
10. Father's Birthplace, Germany

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,

West Branch
No 800 Leadenhall St.



For each offense to be recovered as other data and forfeitures are recoverable.

RETURN OF A BIRTH 40076

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,

HEALTH DEPT.

BALTIMORE, MD.

of persons who shall incriminate themselves in compliance with the provisions of this act, shall be subjected to the same as if they had made a false statement, and shall be liable to the same penalties as if they had made a false statement.

RETURN OF A BIRTH ⁷⁰²¹¹

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3 Harris

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, Nov 27, 1886

4. Place of Birth, (Street and Number) No 11, N. Front St.

5. Full Name of Mother, Sarah Frankel

6. Mother's Maiden Name, Sarah Lemonsky

7. Mother's Birthplace, Russia

8. Full Name of Father, Ike Frankel

9. Father's Occupation, Smith

10. Father's Birthplace, Russia

Name of Medical Attendant, or other Person who makes this Return, Dr. Sherman

Address, Baltimore St. N 103.

Remarks,

Report as to birth to the Registrar of Vital Statistics, Baltimore City, for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 70278

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

10

Sex, (state whether male or female)

Male
White
27th November 1880
252 Scott St.

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks.

Emalie Steinbacher
born Janisch
Danzig Westprussien
Julius Steinbacher
Musician
Danzig Westprussien

Mr. B. B. B.
701 Bess St. B. B.

Persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of five dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 90279

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex (state whether male or female), male

2. Race or Color (if not of the white race), white

3. Date of Birth, Nov. 27, 1886

4. Place of Birth (Street and Number), 947^{new no} Madison ave

5. Full Name of Mother, Catherine F. Starr Laws

6. Mother's Maiden Name, " " Starr

7. Mother's Birthplace, Prussia

8. Full Name of Father, David W. Laws

9. Father's Occupation, Merchant

10. Father's Birthplace, Md

Name of Medical Attendant, or other person who makes this Return, C. Lane Danvers

Address, 922 Madison ave

Remarks,



Any communication of Health, in this Return, and within the period above required, and any and all persons who shall hereafter fail to comply with the provisions of this Act, shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 90280

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2.

1. Sex, (state whether male or female)

Boy.

2. Race or Color, (if not of the white race)

White.

3. Date of Birth

Feb 27, 1886.

4. Place of Birth, (Street and Number)

Chesnut St 211.

5. Full Name of Mother,

Lulsey Tabel. Wm. Tabel.

6. Mother's Maiden Name,

Lulsey Williams.

7. Mother's Birthplace,

Baltimore.

8. Full Name of Father,

Stitcher Tabel.

9. Father's Occupation,

Saturn.

10. Father's Birthplace,

Baltimore.

Name of Medical Attendant, or other Person who makes this Return.

Wm. Wright.

Address,

120 Chesnut St.

Remarks,

Persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

70281

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

5-14 child

1. Sex (state whether Male or Female)

male

2. Race or Color (if not of the white race)

white

3. Date of Birth

November 27th 86

4. Place of Birth (Street and Number)

611 Park Ave

5. Full Name of Mother

Corinne Sinclair

6. Mother's Maiden Name

Swann

7. Mother's Birthplace

Wurcharlu Va

8. Full Name of Father

W. W. Sinclair

9. Father's Occupation

Book-keeper

10. Father's Birthplace

Norfolk Va

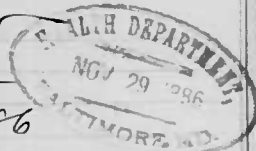
Name of Medical Attendant, or other Person who makes this Return.

Alfred H. Dorrell M.D.

Address

212 New Madison St.

Remarks



of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH 70982

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex (state whether male or female), Male

2. Race or Color (if not of the white race), White

3. Date of Birth, 27 of Nov. 1886

4. Place of Birth (Street and Number), No 116. Hays St

5. Full Name of Mother, Willie Warkinger

6. Mother's Maiden Name, Willie Schunkel

7. Mother's Birthplace, Baltimore

8. Full Name of Father, William Warkinger

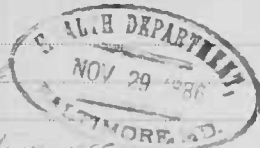
9. Father's Occupation, Sales man

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Lulu Grubbs

Address, No 127 West St

Remarks,



who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered in other suits and forfeitures are recoverable.

who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 98283

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

3

1. Sex (state whether male or female),

Male

2. Race or Color (if not of the white race),

White

3. Date of Birth, ..

27 of

4. Place of Birth (Street and Number),

1528

5. Full Name of Mother,

Esther Butler

6. Mother's Maiden Name,

Esther Cunningham

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

John Butler

9. Father's Occupation,

Seaman

10. Father's Birthplace,

Ireland

Name of Medical Attendant, or other person who makes this Return.

Valentine Green

Address,

1528 North St

Remarks,



RETURN OF A BIRTH.

90284

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother (~~state whether 1st, 2d, 3d, &c.~~)

1. Sex (~~state whether Male or Female~~).

2. Race or Color (~~if not~~ of the white race).

3. Date of Birth

4. Place of Birth (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

Apr 27th 1886

773 Sprague St old No

Annie Ogden

and

Elkton Cecil Co Md

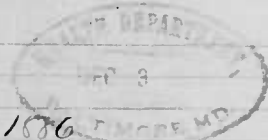
Wm Ogden

Overseer Iron Foundry

Balt.

Elias C Price M.D.

933 Madison Ave



RETURN OF A BIRTH.

90285

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

2d

1. Sex (state whether ~~Male~~ or Female).

2. Race or Color (if not of the white race)

3. Date of Birth

November 27, 88.

4. Place of Birth (Street and Number)

714 Barre Str
Louisiana

5. Full Name of Mother

6. Mother's Maiden Name

Eberlander

7. Mother's Birthplace

8. Full Name of Father

Christ. O. Amendt
Coachman

9. Father's Occupation

Father's Birthplace

Name of Medical Attendant, or other Person who
makes this Return.

Address

Remarks

Dr. Peter A. B. M. A.
949 Madison Ave



of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH. 90286

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Frank Harper

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

3rd

DEPARTMENT

Male

DEC 6

OFFICE

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

27

3. Date of Birth

Nov. 27-1886

4. Place of Birth, (Street and Number)

2106 E. Fayette St.

5. Full Name of Mother,

Mrs. Mary Harper,

6. Mother's Maiden Name,

Miss "J" Holmes

7. Mother's Birthplace,

Alexandria Va.

8. Full Name of Father,

Andrew Jackson Harper,

9. Father's Occupation,

Brook Keeper

10. Father's Birthplace,

Balt. Md.

Name of Medical Attendant,

or other Person who makes this Return.

G. G. Chick, M.D.

Address,

2100 E. Balt. St.

Remarks,

Natural Delivery

CIVIL NAME ADDED 3-6-53 H.M.

RETURN OF A BIRTH *92987*

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

9th child

Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

Colored

3. Date of Birth,

Nov. 27

4. Place of Birth, (Street and Number)

728 Stockton

5. Full Name of Mother,

Annie Smith

6. Mother's Maiden Name,

Annie Reed

7. Mother's Birthplace,

St. Mary's County

8. Full Name of Father,

Christian Smith

9. Father's Occupation,

Pecker

Father's Birthplace,

Virginia

Name of Medical Attendant, or other Person who makes this Return.

Geletia Gork

Address,

37 Chestnut Alley

Remarks,



RETURN OF A BIRTH ⁹⁰²⁸⁸

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

7th Child

Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

Colored

3. Date of Birth,

Nov 27th

4. Place of Birth, (Street and Number)

728 Strickland Alley

5. Full Name of Mother,

Annie Smith

6. Mother's Maiden Name,

Annie Reed

7. Mother's Birthplace,

St. Mary's County

8. Full Name of Father,

Christian Smith

9. Father's Occupation,

Pecker

Father's Birthplace,

Virginia

Name of Medical Attendant, or other Person who makes this Return

Celestial Cook

Address,

37 Chestnut Alley

Remarks,

or persons who shall be liable for the same, shall be subject to the fine of ten (10) dollars for each offense to be recovered at other times and forfeitures are recoverable.

RETURN OF A BIRTH 90289

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Woman br 27 1886*

1. Sex, (state whether ~~male~~ or female) *Child*

2. Race or Color, (if not of the white race) *Colored white*

3. Date of Birth, *November 27 1886*

4. Place of Birth, (Street and Number) *East Street No 149*

5. Full Name of Mother, *Mary Burton*

6. Mother's Maiden Name, *Mary Wilmore*

7. Mother's Birthplace, *Kent County Maryland*

8. Full Name of Father, *Emory Burton*

9. Father's Occupation, *Brick maker*

10. Father's Birthplace, *Saint Mical Maryland*

Name of Medical Attendant, or other Person who makes this Return.

Address, *Harvie Tander*

Remarks, *No 308 Chestnut Street*

RETURN OF A BIRTH 90290

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth

4. Place of Birth, (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

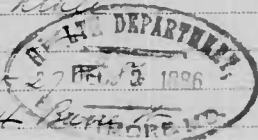
9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return

Address

Remarks



Male
Nov 27 1886
504
Baltimore
Kaulia Helbach
Schwabach

Prussia
Harry Helbach

Quier danc

Prussia

Mary Hook

328 *Quier danc*

of persons who shall be required to file a return of a birth, and the provisions of this act shall be subject to the provisions of the act of the Board of Health, Baltimore City, for each offense to be recovered as other fines and forfeitures are recovered the.

RETURN OF A BIRTH 90291

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether male or female),

2. Race or Color (if not of the white race),

3. Date of Birth,

4. Place of Birth (Street and Number),

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

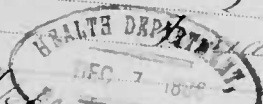
9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks,



Nov 29
326 S. E. 1st St.
Augusta Booker
Rusokha
Dolan
William Booker
Tailor
Germany
Mrs. Louise Straff
No 405 S. Washington St.

who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered in other fines and forfeitures herein recoverable.

RETURN OF A BIRTH ⁹⁰²⁹²

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2^d Child.*
1. Sex, (state whether male or female) *Female.*
2. Race or Color, (if not of the white race)
3. Date of Birth. *Nov. 27 - 1887*
4. Place of Birth, (Street and Number) *133 (216 New No.) Lexington St.*
5. Full Name of Mother, *Catherine G. Brexell.*
6. Mother's Maiden Name, *" Kuhst.*
7. Mother's Birthplace, *Balti. City.*
8. Full Name of Father, *Frank, Fr. Brexell.*
9. Father's Occupation, *Salesman.*
10. Father's Birthplace, *Germany.*
- Name of Medical Attendant, or other Person who makes this Return, *R. J. H. Tall. M.D.*
- Address, *132 Sharp. St.*
- Remarks,

Report in birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 90293

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

N. ☒ Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st Child.

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

Colored

3. Date of Birth.

28 of November.

4. Place of Birth, (Street and Number)

133 Waga Street

5. Full Name of Mother,

Jenna Parks.

6. Mother's Maiden Name,

Jenna Fountain.

7. Mother's Birthplace,

Western Caroline County, Va.

8. Full Name of Father.

David Parks.

9. Father's Occupation,

Farmer.

10. Father's Birthplace,

Accomac County Virginia

Name of Medical Attendant, or other Person who makes this Return

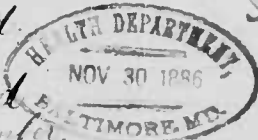
Mary Jane Richardson

Address.

912 Waga Street

Remarks.

Baby lived five minutes after being born. not at all from fright. only 8 months.



Undelivered. Name will be long.

RETURN OF A BIRTH 90294

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

Little Girl White race

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

28th of Nov 1886

4. Place of Birth, (Street and Number)

No. 77 79 Withham st

5. Full Name of Mother,

Mrs. Foley

6. Mother's Maiden Name,

Min. Kirby

7. Mother's Birthplace,

Born Baltimore

8. Full Name of Father,

Mr. Foley

9. Father's Occupation,

Laborer

10. Father's Birthplace,

Born Baltimore

Name of Medical Attendant, or other Person who makes this Return.

Mrs. Miller

Address,

1017. W. Pratt st

Remarks,

Persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of two (2) dollars for each offense to be recovered as other laws and ordinances are recoverable.

RETURN OF A BIRTH ⁹⁰²⁹⁵

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Sixth

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

Colored

3. Date of Birth,

November 28th 1886

4. Place of Birth, (Street and Number)

No 144 West Preston St. - New No. 500

5. Full Name of Mother,

Lottie Ball Ellen Taylor

6. Mother's Maiden Name,

Ridgely

7. Mother's Birthplace,

Baltimore City Maryland

8. Full Name of Father,

John R. Taylor

9. Father's Occupation,

Waiter

10. Father's Birthplace,

Baltimore City Maryland

Name of Medical Attendant, or other Person who makes this Return.

Mary Jane Fossett

Address,

#546 West Biddle St.

Remarks,

Persons who shall hereafter fail to comply with the provisions of this section, shall be subject to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH ⁹⁰²⁹⁶

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 12 Herrman

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, Nov 28, 1886

4. Place of Birth, (Street and Number) 39 Little Mc Elderry St

5. Full Name of Mother, Rebecca Goodman

6. Mother's Maiden Name, Rebecca Golofsky

7. Mother's Birthplace, Russia

8. Full Name of Father, Davis Goodman

9. Father's Occupation, Tailor

10. Father's Birthplace, Russia

Name of Medical Attendant, or other Person who makes this Return. E Scherman

Address, Little Mc Elderry St No 103.

Remarks,

report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall thereafter fail to comply with the provisions of this act, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 90297

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1. Moses

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, Nov 28, 1886

4. Place of Birth, (Street and Number) 220 Lexington St

5. Full Name of Mother, Lizzie Walden

6. Mother's Maiden Name, Lizzie Leage

7. Mother's Birthplace, Russia

8. Full Name of Father, Jacob Walden

9. Father's Occupation, Tailor

10. Father's Birthplace, Russia

Name of Medical Attendant, or other Person who makes this Return, E. Sherman

Address, St. Charles street 103.

Remarks,

report its birth to the Commissioner of Health in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this act, shall be subjected to the fine of \$100 Dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 90298

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

5

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth

Nov 28/86

4. Place of Birth, (Street and Number)

95 S. Charles St.

5. Full Name of Mother,

Sarah Berman

6. Mother's Maiden Name,

Sarah Wilken

7. Mother's Birthplace,

Russia

8. Full Name of Father,

Moses Berman

9. Father's Occupation,

Peddler

10. Father's Birthplace,

Russia

Name of Medical Attendant, or other Person who makes this Return

Mrs R Goldsmith

Address,

87 Sharp St

Remarks,



Persons who shall hereafter fail to comply with the provisions of this section, shall be subject to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 90299

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,



or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 90300

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

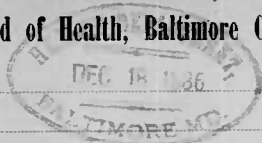
9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,



White

~~Nov~~ Nov 28/86

36 First St. Ave

Harry M. Scharf

" " Maryland

Baltimore Md

Edward T. Scharf

Coal & Iron Merchant

Baltimore Md

J. E. Scharf
387 N Lombard St

or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 90301

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. ☒ Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return

Address, 896 N 120 Greenmount Ave

Remarks,



Fifth
White
Nov 28, 1901
1060 N. Krasit St. Balt
Katie Stewart
Katie Fitzpatrick
England
Wm Stewart
Tanner
Manchester Carroll Co Md
Mrs Wooden
None

RETURN OF A BIRTH 90302

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2nd*

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race) *Colored*

3. Date of Birth, *Nov 25th 1884*

4. Place of Birth, (Street and Number) *11 Winter St. Balto.*

5. Full Name of Mother, *Hannah Butts*

6. Mother's Maiden Name, *Hannah Butts*

7. Mother's Birthplace, *Baltimore*

8. Full Name of Father, *Alexander Butts*

9. Father's Occupation, *laborer*

10. Father's Birthplace, *West India*

Name of Medical Attendant, or other Person who makes this Return, *Sarah Jasear*

Address, *224 Hughes St Baltimore*

Remarks, _____

THIS FORM IS TO BE FILLED OUT BY THE REGISTRAR OF VITAL STATISTICS, OR BY THE MEDICAL ATTENDANT, OR BY THE FATHER, OR BY THE MOTHER, OR BY ANY OTHER PERSON WHO SHALL BE AUTHORIZED BY THE REGISTRAR OF VITAL STATISTICS. IT IS TO BE FILED IN THE OFFICE OF THE REGISTRAR OF VITAL STATISTICS, AND A COPY OF IT TO BE SENT TO THE BOARD OF HEALTH. THE REGISTRAR OF VITAL STATISTICS SHALL BE RESPONSIBLE FOR THE ACCURACY OF THE INFORMATION FURNISHED BY THIS FORM. THE REGISTRAR OF VITAL STATISTICS SHALL BE RESPONSIBLE FOR THE PRESERVATION OF THIS FORM. THE REGISTRAR OF VITAL STATISTICS SHALL BE RESPONSIBLE FOR THE DESTRUCTION OF THIS FORM. THE REGISTRAR OF VITAL STATISTICS SHALL BE RESPONSIBLE FOR THE REPRODUCTION OF THIS FORM. THE REGISTRAR OF VITAL STATISTICS SHALL BE RESPONSIBLE FOR THE SALE OF THIS FORM. THE REGISTRAR OF VITAL STATISTICS SHALL BE RESPONSIBLE FOR THE DISTRIBUTION OF THIS FORM. THE REGISTRAR OF VITAL STATISTICS SHALL BE RESPONSIBLE FOR THE COLLECTION OF THIS FORM. THE REGISTRAR OF VITAL STATISTICS SHALL BE RESPONSIBLE FOR THE RETURN OF THIS FORM. THE REGISTRAR OF VITAL STATISTICS SHALL BE RESPONSIBLE FOR THE FILING OF THIS FORM. THE REGISTRAR OF VITAL STATISTICS SHALL BE RESPONSIBLE FOR THE INDEXING OF THIS FORM. THE REGISTRAR OF VITAL STATISTICS SHALL BE RESPONSIBLE FOR THE SEARCHING OF THIS FORM. THE REGISTRAR OF VITAL STATISTICS SHALL BE RESPONSIBLE FOR THE COPYING OF THIS FORM. THE REGISTRAR OF VITAL STATISTICS SHALL BE RESPONSIBLE FOR THE TRANSMISSION OF THIS FORM. THE REGISTRAR OF VITAL STATISTICS SHALL BE RESPONSIBLE FOR THE RECEIPT OF THIS FORM. THE REGISTRAR OF VITAL STATISTICS SHALL BE RESPONSIBLE FOR THE DELIVERY OF THIS FORM. THE REGISTRAR OF VITAL STATISTICS SHALL BE RESPONSIBLE FOR THE ACCEPTANCE OF THIS FORM. THE REGISTRAR OF VITAL STATISTICS SHALL BE RESPONSIBLE FOR THE REJECTION OF THIS FORM. THE REGISTRAR OF VITAL STATISTICS SHALL BE RESPONSIBLE FOR THE RETURN OF THIS FORM. THE REGISTRAR OF VITAL STATISTICS SHALL BE RESPONSIBLE FOR THE FILING OF THIS FORM. THE REGISTRAR OF VITAL STATISTICS SHALL BE RESPONSIBLE FOR THE INDEXING OF THIS FORM. THE REGISTRAR OF VITAL STATISTICS SHALL BE RESPONSIBLE FOR THE SEARCHING OF THIS FORM. THE REGISTRAR OF VITAL STATISTICS SHALL BE RESPONSIBLE FOR THE COPYING OF THIS FORM. THE REGISTRAR OF VITAL STATISTICS SHALL BE RESPONSIBLE FOR THE TRANSMISSION OF THIS FORM. THE REGISTRAR OF VITAL STATISTICS SHALL BE RESPONSIBLE FOR THE RECEIPT OF THIS FORM. THE REGISTRAR OF VITAL STATISTICS SHALL BE RESPONSIBLE FOR THE DELIVERY OF THIS FORM. THE REGISTRAR OF VITAL STATISTICS SHALL BE RESPONSIBLE FOR THE ACCEPTANCE OF THIS FORM. THE REGISTRAR OF VITAL STATISTICS SHALL BE RESPONSIBLE FOR THE REJECTION OF THIS FORM.

W. & Co., City Printers and Stationers.

RETURN OF A BIRTH 90303

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

First

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

3. Date of Birth,

Nov 28

4. Place of Birth, (Street and Number)

Peach alley Baltimore

5. Full Name of Mother,

Fizzie Newbourn

6. Mother's Maiden Name,

Fizzie Love

7. Mother's Birthplace,

~~Baltimore~~ Washington

8. Full Name of Father,

John Newbourn

9. Father's Occupation,

Engineer

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return.

Mrs M. Shaffer

Address,

135 Ridgely st

Remarks,



Report the birth to the Registrar of Vital Statistics, Baltimore City, for the purpose of obtaining a birth certificate, and for the purpose of obtaining a certificate of live birth, or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 90804

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Elsie May Santborn
No. of Child of Mother, (State whether 1st, 2d, 3d, &c.) 2



1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, 28th Nov. 1886

4. Place of Birth, (Street and Number) 270 E. Pratt St.

5. Full Name of Mother, Maria Jane Santborn

6. Mother's Maiden Name, League

7. Mother's Birthplace, City

8. Full Name of Father, Frederick William Santborn

9. Father's Occupation, Superintendent Elevator

10. Father's Birthplace, Boston, Mass.

Name of Medical Attendant, or other Person who makes this Return, C. P. Bone M.D.

Address, 1835 E. Pratt St.

Remarks, GIVEN NAME ADDED. 4-22-53
L.M.

Report the birth to the Commissioner of Health in this manner and within the period above required, and any person neglecting to do so shall be liable to a fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 90305

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2d* *November 1886*

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *November 28, 1886*

4. Place of Birth, (Street and Number) *Columbia av. New ch. 748*

5. Full Name of Mother, *Soffe. Dehn*

6. Mother's Maiden Name, *Soffe. gauer*

7. Mother's Birthplace, *Baltimore Md*

8. Full Name of Father, *Friedrich Dehn*

9. Father's Occupation, *oil Merchant*

10. Father's Birthplace, *Baltimore M. d*

Name of Medical Attendant, or other Person who makes this Return *Miss March*

Address, *No 500 Seadenhall St.*

Remarks.



or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

90306

For persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (\$10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

0.64

Femalé

28 November

12 Bleumar

Margret Drumbald

S. Hillman

Baltimore

George W Drumbald

Parent

Baltin re

Sarah Casper

72. C. Lombard

J. P. Donahoe

the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 90307

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether male or female),

2. Race or Color (if not of the white race),

3. Date of Birth,

4. Place of Birth (Street and Number),

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

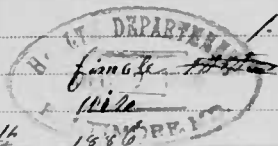
10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks,

Federick Reuser midwife 2106 W. Pratt St.



November 25 1906

1347 Friedrich Road

Margaret Winder

Ruhl

Hessen Hartel Germany

Adam Winder

Brewer

Baltimore M.D.

RETURN OF A BIRTH 90308

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether male or female),

2. Race or Color (if not of the white race),

3. Date of Birth,

4. Place of Birth (Street and Number),

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks,



2220 Williams St

Magui Schroeder

Magui Bauer

Baltimore

John Schroeder

Laber

Baltimore

Leland Grishaber

Wm M H

Use of certificate of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this act, shall be subject to the fine of ten dollars for each offence, to be recovered, as other laws and regulations may hereafter be.

RETURN OF A BIRTH 90309

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (~~state whether 1st, 2d, 3d, &c.~~)

1. Sex, (~~state whether male or female~~)

2. Race or Color, (~~if not of the white race~~)

3. Date of Birth,

Nov, 28th 1 Am.

4. Place of Birth, (Street and Number)

284 S Bond St.

5. Full Name of Mother,

Lena Berger

6. Mother's Maiden Name,

" Burk

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

George Berger

9. Father's Occupation,

Beer Brewer

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return,

Alfred W. Sherry M.D.

Address,

1102 E Baltimore St.

Remarks,

Instrumental

Report the birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 90310

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,

Ther. Child
DEPARTMENT
APR 27 1886

No 38 of 1886

No 19 Willow St

Alice Boston

Alice Walker

Ireland

John Boston

Fireman

Ireland

Mrs C. L. Loring

No 173 Hartford

Baltimore Md

886

or persons who shall hereafter fail to comply with the provisions of this section, shall be subject to the fine of five dollars for each offense to be recovered as other fines and forfeitures are recoverable.

or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other laws and ordinances are recoverable.

RETURN OF A BIRTH 90311

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,



RETURN OF A BIRTH.

90312

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother (~~state whether 1st, 2d, 3d, &c.~~)

1. Sex (~~state whether Male or Female~~)

2. Race or Color (~~if not of the white race~~)

3. Date of Birth

Nov 28th 1886

4. Place of Birth (Street and Number)

262 Grand Boulevard Old St

5. Full Name of Mother

Mary Augusta White

6. Mother's Maiden Name

Steiner

7. Mother's Birthplace

Pine Grove's Co Md

8. Full Name of Father

Robt Wm White

9. Father's Occupation

Clerk

10. Father's Birthplace

Balt

Name of Medical Attendant, or other Person who makes this Return.

Elias C Price M.D.

Address

953 Madison Ave

Remarks

RETURN OF A BIRTH ⁴⁰³¹³

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) German

3. Date of Birth, Nov 28 1886

4. Place of Birth, (Street and Number) W. Haight St. No 429

5. Full Name of Mother, Rachel Cohen

6. Mother's Maiden Name, Maase

7. Mother's Birthplace, Poland

8. Full Name of Father, David Cohen

9. Father's Occupation, Sailor

10. Father's Birthplace, Poland

Name of Medical Attendant, or other Person who makes this Return. Mrs R. M. H. H.

Address, 1302 Hollander St.

Remarks,

or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

NAME ADDED 5-20-68 0314
RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Edna Bowman Marks
No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

3. Date of Birth,

Nov - 28th

4. Place of Birth, (Street and Number)

No 906. W 4th Street

5. Full Name of Mother,

Ellen Marks

6. Mother's Maiden Name,

Ellen Bowman

7. Mother's Birthplace,

Westminster

8. Full Name of Father,

Henry Marks

9. Father's Occupation,

Carpenter

Father's Birthplace,

Westminster

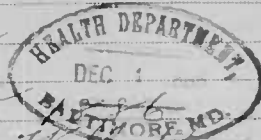
Name of Medical Attendant, or other Person who makes this Return.

Lavica Schull

Address,

No 246. new number 1800 Chew Street

Remarks,



RETURN OF A BIRTH 90315

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 10th

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, Nov 28th 1886

4. Place of Birth, (Street and Number) 38 Russell St

5. Full Name of Mother, Mary E. Patton

6. Mother's Maiden Name, "J. J." Bowman

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Samuel B. Patton

9. Father's Occupation, Farmer

10. Father's Birthplace, Virginia

Name of Medical Attendant, or other Person who makes this Return, Thos. C. C. C. C.

Address, 375 Russell St

Remarks,



Persons who shall hereafter fail to comply with the provisions of this section, shall be subject to the fine of \$10 and for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH ~~93046~~

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

5th 90316

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

Colored

3. Date of Birth,

November 28th 1884

4. Place of Birth, (Street and Number)

Tyson Street

5. Full Name of Mother,

Charlotte Carter

6. Mother's Maiden Name,

Charlotte Johnson

7. Mother's Birthplace,

Balt. County - Md.

8. Full Name of Father,

Emanuel Carter

9. Father's Occupation,

Waiter

10. Father's Birthplace,

Richmond Virginia

Name of Medical Attendant, or other Person who makes this Return.

Annie Johnson

11. Address,

710 Tyson Street

Remarks,

RETURN OF A BIRTH

90317

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

3 Child

Sex, (state whether male or female)

Albert Frederick Wille

Male

Race or Color, (if not of the white race)

White

Date of Birth,

Born

28

th

of

Apr

1886

Place of Birth, (Street and Number)

100

th

St.

East

St.

St.

St.

St.

St.

St.

St.

St.

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St.

Full Name of Mother,

Mrs.

Wille

Mother's Maiden Name,

Miss

Annie

Wille

Mother's Birthplace,

Lapang

Germany

Full Name of Father,

Mr.

Augustus

Wille

Father's Occupation,

Saleman

Father's Birthplace,

Vienar

Austria

Name of Medical Attendant, or other Person who makes this Return.

Mrs.

Hiller

Address,

1017

West

Pratt

Remarks,

or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 90318

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,

4th Child
Lillian May
White Race

Born 8th Nov 1886

1017 122nd St. N. W.

Mrs. Leonard

Miss Erdofhe

West Prussian Germany

Mr. Leonard

Carpenter

Heeren Germany

Mrs. Hiller

1017 West Pratt St.

or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH ⁹⁰³¹⁹

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

First

Sex, (state whether male or female)

Female

Race or Color, (if not of the white race)

White

Date of Birth.

Sunday November 28th / 86

Place of Birth, (Street and Number)

137 North Gay Street Balto^{md}

Full Name of Mother.

Mrs Emma Alvather

Mother's Maiden Name.

Miss Emma Hamel

Mother's Birthplace.

Baltimore Md

Full Name of Father.

William Henry Alvather

Father's Occupation.

Bill Poster

Father's Birthplace.

Baltimore Md

Name of Medical Attendant, or other Person who makes this Return.

Wm. L. J. J. J.

Address.

1328 N. E. Street Baltimore

Remarks.

MR.

Persons who shall knowingly fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and penalties are recoverable.

report the birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 90320

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Eight*

1. Sex, (state whether male or female) *Female*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *11. 29. '86*

4. Place of Birth, (Street and Number) *310 East St.*

5. Full Name of Mother, *Mollie Hoffman*

6. Mother's Maiden Name, *Adeline*

7. Mother's Birthplace, *Balto. Ind.*

8. Full Name of Father, *Bernard Hoffman*

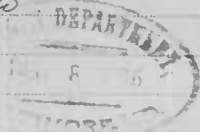
9. Father's Occupation, *Porter*

10. Father's Birthplace, *Balto. Ind.*

Name of Medical Attendant, or other Person who makes this Return, *Caroline E. Smith M.D.*

Address, *839 Park Ave.*

Remarks,



RETURN OF A BIRTH 90321

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,

Male
Colored

Nov 29, 1888

126 Bratford St

Reamy Perkins

Reamy Milburn

Summers County Md

Nelson Perkins

Labor

Virginia

Josiah Morgan

1242 1/2 Furber St



In attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child to report his birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 90322

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) ~~2d~~ *1st*

Sex, (state whether male or female) *Female*

2. Race or Color, (if not of the white race)

3. Date of Birth, *November 29th*

4. Place of Birth, (Street and Number) *412 Pine St.*

5. Full Name of Mother, *Maggie Recklin*

6. Mother's Maiden Name, *Maggie Schenck*

7. Mother's Birthplace, *Baltimore, Md.*

8. Full Name of Father, *George A. Recklin*

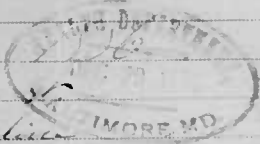
9. Father's Occupation, *Engineer, B&O*

10. Father's Birthplace, *Baltimore, Md.*

Name of Medical Attendant, or other Person who makes this Return *Mrs. W. Mämmel, Midwife*

Address, *110 E. Pearl St. City*

Remarks,



RETURN OF A BIRTH 90323

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1-1

1. Sex, (state whether male or female) Male Jacob

2. Race or Color, (if not of the white race) White

3. Date of Birth, Nov, 29 1886

4. Place of Birth, (Street and Number) 123 S. Eden St.

5. Full Name of Mother, Amelia Weinberg

6. Mother's Maiden Name, Amelia Robinson

7. Mother's Birthplace, Russia

8. Full Name of Father, Isaac Weinberg

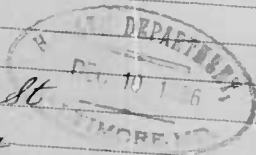
9. Father's Occupation, Tailor

10. Father's Birthplace, Russia

Name of Medical Attendant, or other Person who makes this Return.

Address, Albemarle st N 103.

Remarks,



report in this in the Registrar of Health, in the manner and within the period always required, and any such person who shall be found to have failed to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered in other laws and forfeitures are recoverable.

RETURN OF A BIRTH 90324

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

(3)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

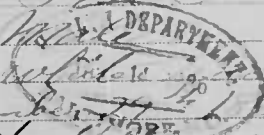
9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,



Mrs. Sarah C. Hoole

Sarah C. Krafft

Philadelphia, Penna.

Charles C. Hoole

Glass Cutter & Engineer

Philadelphia, Penna.

Mrs. Bunn

711 Cross St

or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of five (5) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

on persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (\$10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 90320

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)...

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,

4th
BIRTH DEPT
Male
White
Nov 29th 1886
113. Croft St
Mary Quisenberry
Mary Croft
Philadelphia
John Quisenberry
Pot Maker, Clog House
Ohio
H B Kottel
301 Harnum

report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH ⁹⁰³²⁶

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) ^{10th}

1. Sex, (state whether male or female) ^{Male}

2. Race or Color, (if not of the white race) ^{Colored}

3. Date of Birth, ^{Nov. 29. 86.}

4. Place of Birth, (Street and Number) ^{134 Cedar St. Balt. Md.}

5. Full Name of Mother, ^{Jessie Cromwell}

6. Mother's Maiden Name, ^{Jessie Russell}

7. Mother's Birthplace, ^{St. Marys Co. Md.}

8. Full Name of Father, ^{Jno. W. Cromwell}

9. Father's Occupation, ^{Carter}

10. Father's Birthplace, ^{Balt. Md.}

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,

^{10th}
Chas. H. Filler
166 N. Fayette St.

RETURN OF A BIRTH. 90327

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

3. Date of Birth

Nov 29, 1886

4. Place of Birth, (Street and Number)

294 Harbor Av.

5. Full Name of Mother,

Mary Mabel

6. Mother's Maiden Name,

Tragesser

7. Mother's Birthplace,

Balto. Md.

8. Full Name of Father,

Charles Mabel

9. Father's Occupation,

Laborer

10. Father's Birthplace,

Balto. Md.

Name of Medical Attendant, or other Person who makes this Return.

Caroline Miller

Address,

1605 Walker St. Baltimore Md.

Remarks,

Any person who neglects to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other dues and forfeitures are recoverable.

RETURN OF A BIRTH 90328

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, Nov 29th 1896

4. Place of Birth, (Street and Number) 112 W. City

5. Full Name of Mother, Mary E. Carter

6. Mother's Maiden Name, " " Sandoe

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Walter Franklin

9. Father's Occupation, Cooper

10. Father's Birthplace, Richardson Co. Mo.

Name of Medical Attendant, or other Person who makes this Return, Theodor Cooper M.D.

Address, 512 Hanover St.

Remarks,

Report its facts to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (\$10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 90329

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) male

2. Race or Color, (if not of the white race) Colored

3. Date of Birth, November 28 1886

4. Place of Birth, (Street and Number) 716 Durham St Baltimore Md

5. Full Name of Mother Rachel Coleman

6. Mother's Maiden Name, Rachel Denby

7. Mother's Birthplace, Baltimore Md

8. Full Name of Father, Lewis Coleman

9. Father's Occupation, Canmaker

10. Mother's Birthplace, New Jersey

Name of Medical Attendant, or other Person who makes this Return Ellen Carlson

Address, 1026 North Chappel St

Remarks,

RETURN OF A BIRTH 90330

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race)

3. Date of Birth, Nov 27th 1886

4. Place of Birth, (Street and Number) 119 E. Russell

5. Full Name of Mother, Lottie Winters

6. Mother's Maiden Name, Rice

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Thomas Winters

9. Father's Occupation, Clerk

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return, Geo. D. Reynolds M.D.

Address, 171 W. Calumet St.

Remarks,



of persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

report the birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this act, shall be subject to the fine of ten (10) dollars for each offence in be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH ⁹⁰³³¹

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st child*

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

Colored

3. Date of Birth,

Oct 29 1886

4. Place of Birth, (Street and Number)

85 Leucans Alley

5. Full Name of Mother,

Julia Miligin

6. Mother's Maiden Name,

Julia Kernackey

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

John Miligin

9. Father's Occupation,

Laborer

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return,

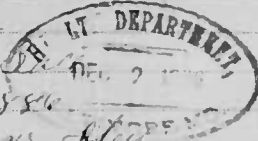
Guercinia Northrop

Address,

130 Registor St

Remarks,

at the Back of the Head



use to the Registrar of Births, in the manner and within the time and for the purpose required, and any such person or persons who shall thereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH 90332

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *second*

1. Sex (state whether male or female), *Male*

2. Race or Color (if not of the white race),

3. Date of Birth, *Dec 2 1896*

4. Place of Birth (Street and Number), *No 150*

5. Full Name of Mother, *George's Hannah Mills*

6. Mother's Maiden Name, *" "* *Cole*

7. Mother's Birthplace, *Baltimore*

8. Full Name of Father, *Harry Mills*

9. Father's Occupation, *Eng. Boat Captain*

10. Father's Birthplace, *Baltimore*

Name of Medical Attendant, or other person who makes this Return, *Harry A. Kellwell*

Address, *912 E. 11th Street*

Remarks,



RETURN OF A BIRTH 40333.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st child

Sex, (state whether male or female) Female

Race or Color, (if not of the white race)

Date of Birth,

Nov 21. 1886

Place of Birth, (Street and Number)

Full Name of Mother,

Matilda Smith

Mother's Maiden Name,

" " " Brachy

Mother's Birthplace,

Germany

Full Name of Father,

Henry Smith

Father's Occupation,

Laborer

Father's Birthplace,

Germany

Name of Medical Attendant, or other Person who makes this Return.

Lizzy B. B.

Address,

120 Park St

Remarks,

RETURN OF A BIRTH.

90334

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

First

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth

Nov. 29th 1886

4. Place of Birth, (Street and Number)

92 Greenmount Avenue

5. Full Name of Mother,

Lizzie Ruppert

6. Mother's Maiden Name,

Clark

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

William Ruppert

9. Father's Occupation,

Oyster Dealer

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return.

John Morris, M.D.

Address, No. 118 Franklin St.

Remarks,

For the purpose of ascertaining the number of births, and the number of deaths, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense, and the costs of this section shall be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 90335

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,



Jessie Kinnear

Jessie Marks

Harford Co.

Wm. Kinnear

Clock

Bath

Daniel T. Moyer M.D.

728 Clingworth St.

Bath

report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or person who fails to do so, shall be liable to a fine of ten dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 90336.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *5th*

Sex, (state whether male or female) *Female*

2. Race or Color, (if not of the white race) *white*

3. Date of Birth, *November 30th*

4. Place of Birth, (Street and Number) *109 Land Hall*

5. Full Name of Mother, *Carmella W. Dickson*

6. Mother's Maiden Name, *Carmella Dickson*

7. Mother's Birthplace, *Baltimore*

8. Full Name of Father, *Edward Dickson*

9. Father's Occupation, *Banker*

10. Father's Birthplace, *Baltimore*

Name of Medical Attendant, or other Person who makes this Return. *C. B. Hamilton M.D.*

Address, *125 or 59 Cathedral*

Remarks,



Persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

Report the birth of this child, and the name of the mother, to the Registrar, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 90337

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Apr 30/86

4. Place of Birth, (Street and Number)

360 Mulberry

5. Full Name of Mother,

Lulu Lee Bell

6. Mother's Maiden Name,

Totty

7. Mother's Birthplace,

Va.

8. Full Name of Father,

Wm H. Bell

9. Father's Occupation,

Stone-carver

10. Father's Birthplace,

Balto

Name of Medical Attendant, or other Person who makes this Return.

Thomas Opie M.D.

Address,

600 N Howard St

Remarks,

RETURN OF A BIRTH 90338

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st

1. Sex, (state whether male or female)

F

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Nov 5th 1865

4. Place of Birth, (Street and Number)

Baltimore MD.

5. Full Name of Mother,

Julia B. Brundage

6. Mother's Maiden Name,

Beane

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Daniel Amick

9. Father's Occupation,

Merchant

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return,

Address,

C. B. Church

Remarks,

59 Cathedral

report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

For the Registrar of Health, in the manner and within the period above required, and any such person report the birth to the Commissioner of Health, or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other dues and forfeitures are recoverable.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

3. Date of Birth

Nov 30, 1886

4. Place of Birth, (Street and Number)

1016 Engle Alley

5. Full Name of Mother,

Mary Telgkamp

6. Mother's Maiden Name,

" Pflieger

7. Mother's Birthplace,

Germany

8. Full Name of Father,

Herman Telgkamp

9. Father's Occupation,

Wool-wright

10. Father's Birthplace,

Germany

Name of Medical Attendant, or other Person who makes this Return.

Caroline Miller

Address,

#5 Walther St. Balto. Md.

Remarks,

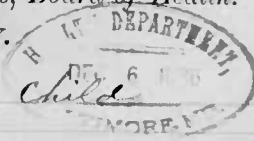


RETURN OF A BIRTH.

90340

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

6th Child

1. Sex (state whether male or female)

Male

2. Race or Color (if not of the white race)

White

3. Date of Birth

Nov. 30th 1886

4. Place of Birth (Street and Number)

414 Hartford Avenue.

5. Full Name of Mother

Annie Hart

6. Mother's Maiden Name

Richt

7. Mother's Birthplace

Germany

8. Full Name of Father

Geo. W. Hart

9. Father's Occupation

Tailor

10. Father's Birthplace

Baltimore

Name of Medical Attendant, or other Person who make this Return.

Francis A. Jones M. D.

Address

439 N. Central Avenue.

Remarks

report the birth to the Commissioner of Health, in the manner and within the period above required, and any such person who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other dues and forfeitures are recoverable.

RETURN OF A BIRTH 90341

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *The second daughter.*

1. Sex, (state whether male or female) *A girl.*

2. Race or Color, (if not of the white race) *white.*

3. Date of Birth, *On the 28th day of January.*

4. Place of Birth, (Street and Number) *Parents' Home, Bridgetown, Barbados.*

5. Full Name of Mother, *Amie Bannerman Thayer.*

6. Mother's Maiden Name, *Amie Bannerman.*

7. Mother's Birthplace, *Tobenz, Godes, Germany.*

8. Full Name of Father, *Eugene Thayer.*

9. Father's Occupation, *Pharmacist and Druggist.*

10. Father's Birthplace, *Germany, Dresden.*

Name of Medical Attendant, *Dr. J. Bunge.*
or other Person who makes this Return.

Address, *411 Cross Street, Baltimore, Md.*

Remarks,



November 16, 30 1890

RETURN OF A BIRTH, 90342

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth November 16 30 1890

4. Place of Birth, (Street and Number) James Alley 1111

5. Full Name of Mother, Katy Bant

6. Mother's Maiden Name, Katy Keial

7. Mother's Birthplace, Baltimore

8. Full Name of Father, William Bant Keial

9. Father's Occupation, Baker

10. Father's Birthplace, Germany

Name of Medical Attendant, or other Person who makes this Return. Mrs. A. Caskey

Address, No. 213 Heath St

Remarks, Doing well



For the purpose of having a birth record made, the mother or father, or both, or any other person, shall be liable to a fine of ten dollars for each offence to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 40343

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,



No 30 ...

No 1507 ...

Anna ...

Anna ...

Baltimore

Fred ...

Pharmaker

Baltimore

Mrs ...

No 173 ...

Baltimore

1886

RETURN OF A BIRTH 40344

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st*

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race)

3. Date of Birth, *Nov 30 1886*

4. Place of Birth, (Street and Number) *14 22 Hampstead St.*

5. Full Name of Mother, *Ellie Myers*

6. Mother's Maiden Name,

7. Mother's Birthplace, *Ireland*

8. Full Name of Father, *Not known*

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,

This woman is a prostitute and the above is all I could elicit from her.



Report this birth to the Commissioner of Health in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

report to birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subject to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 90845

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (~~state whether male or female~~)

2. Race or Color, (if not of the white race) Colored

3. Date of Birth, Nov. 30, 1886

4. Place of Birth, (Street and Number) 26 Mazons St

5. Full Name of Mother, Rosa Price

6. Mother's Maiden Name, Poole

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Willie Price

9. Father's Occupation, Waiter

10. Father's Birthplace, Galto. Co

Name of Medical Attendant, or other person who makes this Return, Geo. A. Fleming M.D.

Address, Franklin & Greene

Remarks,



RETURN OF A BIRTH 90346

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *The sixth child*
1. Sex, (state whether male or female) *Male*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *30 of November*
4. Place of Birth, (Street and Number) *Baltimore. No 100 Leadenhall St*
5. Full Name of Mother, *Laura Schmidt*
6. Mother's Maiden Name, *Burger*
7. Mother's Birthplace, *Baltimore*
8. Full Name of Father, *John Schmidt*
9. Father's Occupation, *Laborer*
10. Father's Birthplace, *Baltimore*
- Name of Medical Attendant, or other Person who makes this Return, *Miss Munch*
- Address, *No 300 Leadenhall St.*
- Remarks,



Report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

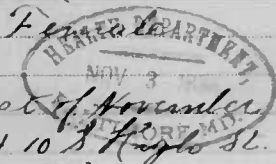
RETURN OF A BIRTH 90347

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.)

2

1. Sex, (state whether male or female)



2. Race or Color, (if not of the white race)

3. Date of Birth,

30th of November
84 10 3 Anglo Sl.

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

Maggie Gaertner
Lutz

6. Mother's Maiden Name,

Baltimore

7. Mother's Birthplace,

8. Full Name of Father,

Edmund Gaertner

9. Father's Occupation,

Hotel-keeper

10. Father's Birthplace,

Germany

Name of Medical Attendant, or other Person who makes this Return.

Sarah Casper

Address,

72 E Lombard St.

Remarks,

RETURN OF A BIRTH 90348

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2^d

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

white

3. Date of Birth,

Nov. 30th 1886

4. Place of Birth, (Street and Number)

1322 Mar

Frank St

5. Full Name of Mother,

Mary E. Riden

6. Mother's Maiden Name,

"J. Riden

7. Mother's Birthplace,

Lebanon Co. Pa.

8. Full Name of Father,

Cornelius M. Riden

9. Father's Occupation,

Black

10. Father's Birthplace,

Baltimore

MD

Name of Medical Attendant,

or other Person who makes this Return

J. E. Duncanson

Address,

727 E. Baltimore St

Remarks,

Report as birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 90349

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

November 30 1896

4. Place of Birth, (Street and Number)

Cor. Pacif^c & Green St

5. Full Name of Mother,

Babetta Katzenberg

6. Mother's Maiden Name,

Babetta Weil

7. Mother's Birthplace,

Germany

8. Full Name of Father,

Abraham Katzenberg

9. Father's Occupation,

Grocer

10. Father's Birthplace,

Pacif^c city

Name of Medical Attendant, or other Person who makes this Return.

J. W. Friedman

Address,

Remarks,

report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 90351

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

Sex, (state whether male or female) Female

Race or Color, (if not of the white race) White

Date of Birth, Nov. 30 1886

Place of Birth, (Street and Number) 819 W. Henrietta St.

Full Name of Mother, Fanny Caplan

Mother's Maiden Name, Fanny Caplan

Mother's Birthplace, Russia

Full Name of Father, Samuel Caplan

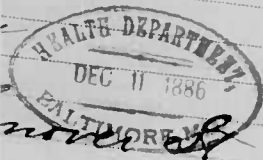
Father's Occupation, Peddler

Father's Birthplace, Russia

Name of Medical Attendant, or other Person who

Address, 87 Sharp Mrs. P. Goldsmith

Remarks, 87 Sharp



Report the birth to the Commissioner of Health, in the manner and within the period above required, and pay a fee of ten (10) dollars for each child born, and to the Registrar of Vital Statistics, for each child born, and to the Registrar of Vital Statistics, for each child born, and to the Registrar of Vital Statistics, for each child born.

RETURN OF A BIRTH 90352

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Sixth

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

November 30th

1886

4. Place of Birth, (Street and Number)

Baltimore 217 Mulberry St

5. Full Name of Mother,

Kate McConville

6. Mother's Maiden Name,

Kate McConville

7. Mother's Birthplace,

Ireland - County Tyrone

8. Full Name of Father,

Hugh McConville

9. Father's Occupation,

Carpenter

10. Father's Birthplace,

Ireland County Tyrone

Name of Medical Attendant, or other Person who makes this Return

Susan Blumstein

Address,

No 217 23 near Poppleton St

Remarks,

Report its birth to the Commissioner of Health, to the nearest within the period above required, and any such person who fails to do so, or who willfully fails to comply with the provisions of this act, shall be subject to a fine of ten dollars for each offense to be recovered as other laws and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,



Report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of five (5) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

90384

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Fifth Child*

1. Sex, (state whether male or female) *Female*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *Nov 30 4 1886*

4. Place of Birth, (Street and Number) *53 E. 1st*

5. Full Name of Mother, *Mary Dummer*

6. Mother's Maiden Name, *Hombeger*

7. Mother's Birthplace, *Baltimore*

8. Full Name of Father, *William*

9. Father's Occupation, *Ship Smith*

10. Father's Birthplace, *Germany*

Name of Medical Attendant, or other Person who makes this Return *Mrs Wiley*

Address, *No 611 Patterson Park av*

Remarks,



RETURN OF A BIRTH 90355

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether male or female),

Race or Color (if not of the white race),

Date of Birth,

Place of Birth (Street and Number),

Full Name of Mother,

Mother's Maiden Name,

Mother's Birthplace,

3. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks,

1
Female
December 156

Cor. Pratt St. & Highland Avenue

Lena Schwartz

Reit

Baltimore

George Schwartz

Liborer

Baltimore

Mrs. Louise Kraft

12405 S. Washington St.

Notice: Immediately thereafter it shall be the duty of the person or persons of each child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who fail to do so shall be liable to the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered by other fines and forfeitures are recoverable.

RETURN OF A BIRTH 90356

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

6

1. Sex (state whether male or female),

Male

2. Race or Color (if not of the white race),

3. Date of Birth,

Dec 7/86

4. Place of Birth (Street and Number),

W^c 101 S. Register St.

5. Full Name of Mother,

Lisbeth Fleckenstein

6. Mother's Maiden Name,

Schnecker

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Sakob Fleckenstein

9. Father's Occupation,

Police Officer

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other person who makes this Return.

Mrs. Louise Kraft

Address,

W^c 405 S. Washington St.

Remarks,

The Registrar of Health, Baltimore City, shall receive the duty of this person or persons if such child to report his birth to the Commissioner of Health in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH ⁹⁰³⁵⁷

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *4th*

1. Sex, (state whether male or female) *male*

2. Race or Color, (if not of the white race) *white*

3. Date of Birth, *Dec 12 1886*

4. Place of Birth, (Street and Number) *404 E. 2nd St.*

5. Full Name of Mother, *Mary Fischer*

6. Mother's Maiden Name, *Recher*

7. Mother's Birthplace, *Baltimore*

8. Full Name of Father, *Adolph House*

9. Father's Occupation, *barber*

10. Father's Birthplace, *Germany*

Name of Medical Attendant, or other Person who makes this Return. *Dr. B. Billinger*

Address, *1206 E. 2nd St.*

Remarks,

See instructions upon this matter, immediately thereafter it shall become the duty of the person or persons of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person who fails to do so, shall be liable to a fine of ten dollars for each offense to be recovered in other laws and forfeitures are recoverable.

RETURN OF A BIRTH 90388

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th

1. Sex, (state whether male or female) female

2. Race or Color, (if not of the white race)

3. Date of Birth, Dec 12 1896

4. Place of Birth, (Street and Number) N. W. Chesapeake

5. Full Name of Mother, Mary J. Enright

6. Mother's Maiden Name, Little

7. Mother's Birthplace, Baltimore

8. Full Name of Father, John Enright

9. Father's Occupation, Stonemason

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return, M. B. R. R. R.

Address, 1216 E. Washington

Remarks,

Persons who are required to report a birth to the Registrar of Vital Statistics, Board of Health, Baltimore City, shall be subject to a fine of ten (\$10) dollars for each offense to be recovered as other dues and forfeitures are recoverable.

RETURN OF A BIRTH *90359*

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *15th*
1. Sex (state whether male or female), *Female*
2. Race or Color (if not of the white race), *White*
3. Date of Birth, *Dec. 1/86*
4. Place of Birth (Street and Number), *S. E. Cor Lombard & Eutaw Sts.*
5. Full Name of Mother, *Mrs. Mary Lochner*
6. Mother's Maiden Name, *" Berrens*
7. Mother's Birthplace, *Balto*
8. Full Name of Father, *Geo. Lochner*
9. Father's Occupation, *Salesman*
10. Father's Birthplace, *Balto ind*
- Name of Medical Attendant, or other person who makes this Return. *T. Chew Worthington M.D.*
- Address, *# 840 W. Fayette St.*
- Remarks, *Premature*

the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

90360

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

fourth

1. Sex, (state whether male or female)

female

2. Race or Color, (if not of the white race)

white

3. Date of Birth

1st December

4. Place of Birth, (Street and Number)

122 Maryland

5. Full Name of Mother.

Mrs. William Baker

6. Mother's Maiden Name.

Emma Carroll

7. Mother's Birthplace.

Baltimore

8. Full Name of Father.

Charles Baker

9. Father's Occupation.

Householder

10. Mother's Birthplace.

Baltimore

Name of Medical Attendant,

or other Person who makes this Return

Mrs. Kate Cook

Address,

129. South Broadway

Remarks.



RETURN OF A BIRTH ⁹⁰³⁶¹

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Tenth*

1. Sex, (state whether male or female) *Female*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *Dec 1st 1886*

4. Place of Birth, (Street and Number) *14 Harris St*

5. Full Name of Mother, *Margaret A. Hubbard*

6. Mother's Maiden Name, *Margaret A. Lutz*

7. Mother's Birthplace, *Germany*

8. Full Name of Father, *Henry C. Hubbard*

9. Father's Occupation, *Shoemaker*

10. Father's Birthplace, *Balto Md*

Name of Medical Attendant, or other Person who makes this Return *Mrs Wiley*

Address, *No 611 Patterson Park*

Remarks,

report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall thereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

any of the parent or parents of such child to report its birth to the Board of Health, in the manner, and at the time, and to the person, designated in the regulations of this Board, and any person or persons who shall hereafter fail to comply with the provisions of this act, shall be liable to a fine of ten dollars, for each offense, to be recovered as other fines and penalties are recoverable, subject to the discretion of the Board of Health.

RETURN OF A BIRTH⁹⁰³⁶

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, etc.)

6th

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth.

Dec 1st 1884

4. Place of Birth, (Street and Number)

126 1/2 Myrtle St

5. Full Name of Mother,

Ida Shamburg

6. Mother's Maiden Name,

Ida Silbergahn

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

~~Robert~~ John Shamburg

9. Father's Occupation,

Latou

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return

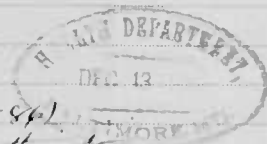
Mary E. Bentley

Address,

924 S. Paca St

Remarks,

Child living



RETURN OF A BIRTH ⁹⁰³⁶³

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

first baby

1. Sex, (state whether male or female)

A male

2. Race or Color, (if not of the white race)

White Child

3. Date of Birth,

Born 1st December 1886

4. Place of Birth, (Street and Number)

Baltimore 7000 West Pratt

5. Full Name of Mother,

Mary Ellen O'Gorman

6. Mother's Maiden Name,

Mary Ellen Hughes

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

John O'Gorman

9. Father's Occupation,

laborer

10. Father's Birthplace,

Ennis County Clare Ireland

Name of Medical Attendant, or other Person who makes this Return.

Susan Shuster

Address,

42 2123 new Appellate St

Remarks,

report its birth to the Commissioner of Health, in the manner and within the period above required, and pay such person or persons who comply with the provisions of this section, shall be subject to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

any person who, in violation of the provisions of this section, shall be subject to a fine of not more than \$100,000, or imprisonment for not more than 1 year, or both, and any such person shall be liable to pay to the Commissioner of Health, in the manner and within the period above required, and any such person who shall thereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

Phyl & Co., 17 Printers and Stationers.

Remarks.

, &c.) Ind. Child

W. H. C. C.

44.70

Ice river, 1840

✓ History 232

Plu 2c Black

7.24.07

Bullington, N.H.

Non-trivial Black

Picat

Baltimore - did

M. A. Izrael

225 N 4th St

alliter + sub 4 214 212

RETURN OF A BIRTH 90365

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Fifth
Female

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Dec 14 1886

4. Place of Birth, (Street and Number)

(1890 St) N. Higgins St

5. Full Name of Mother,

Smith

6. Mother's Maiden Name,

7. Mother's Birthplace,

Baltimore City

8. Full Name of Father,

J. Fred Lotz

9. Father's Occupation,

Merchant

10. Father's Birthplace,

Baltimore City

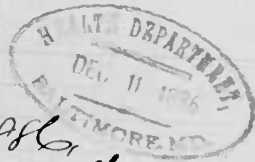
Name of Medical Attendant, or other Person who makes this Return.

J. H. Hurd

Address,

76 S. Bea St

Remarks,



RETURN OF A BIRTH.

90366

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 Child
1. Sex (state whether male or female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth Dec 1.
4. Place of Birth (Street and Number) 102 Payson St
5. Full Name of Mother Annie Zimmerman
6. Mother's Maiden Name Annie Schaeffer
7. Mother's Birthplace Kornstadt (Germany)
8. Full Name of Father Fred B Zimmerman
9. Father's Occupation Cigar Maker
10. Father's Birthplace Baltimore Md
- Name of Medical Attendant, or other Person who makes this Return. Thomas J. Simms M.D.
- Address _____
- Remarks _____

name of the mother of such child or children.

RETURN OF A BIRTH ⁹⁰³⁶⁷

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Male
 2. Race or Color, (if not of the white race) Colored
 3. Date of Birth, Sept 1 1886
 4. Place of Birth, (Street and Number) upland St #113
 5. Full Name of Mother, Margaret Sullivan
 6. Mother's Maiden Name, Margaret Schick
 7. Mother's Birthplace, Port Hills Hillman Co
 8. Full Name of Father, John Sullivan
 9. Father's Occupation, mariner
 10. Father's Birthplace, Hills Hillman Co
- Name of Medical Attendant, or other Person who makes this Return. Dr. James Milson
- Address, 115 Maple St
- Remarks, _____

No fee shall be charged upon the making of this return, but the mother or father, or other person who reports the birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

90368

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether male or female)

Male

2. Race or Color (if not of the white race)

White

3. Date of Birth

Dec 1st

4. Place of Birth (Street and Number)

333 Mc Donough St.

5. Full Name of Mother

Annie Johnson

6. Mother's Maiden Name

Annie Tidings

7. Mother's Birthplace

(Persepolis)

8. Full Name of Father

Wm E Johnson

9. Father's Occupation

10. Father's Birthplace

Baltimore Md.

Name of Medical Attendant, or other Person who makes this Return.

Thermon L. ...

Address

242 ...

Remarks

Instrumental

name of the mother of such child or children.

RETURN OF A BIRTH ⁹⁰³⁶⁹

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

3d

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

3. Date of Birth,

1 Dec 1886

4. Place of Birth, (Street and Number)

712 Fort Ave

5. Full Name of Mother,

Anna Woods

6. Mother's Maiden Name,

Renewal

7. Mother's Birthplace,

Germany

8. Full Name of Father,

George Woods

9. Father's Occupation,

Laborer

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return.

Elizabeth Zewel

Address,

Remarks,



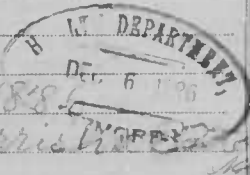
Persons who are required to file this return shall be liable for the penalty of ten dollars for each offense to be recovered as other laws and forfeitures are recoverable.

report in birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 90370

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3 Child
1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, December 1st 1885
4. Place of Birth, (Street and Number) 69 South Parrish St
5. Full Name of Mother, Kate Swetz
6. Mother's Maiden Name, Kate Mott
7. Mother's Birthplace, Germany
8. Full Name of Father, Charles Swetz
9. Father's Occupation, Black Smith
10. Father's Birthplace, Germany
- Name of Medical Attendant, or other Person who makes this Return, Wm. C. Branning
- Address, 419 South Parrish St Baltimore City
- Remarks, Mother and Child are doing well



be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such kind to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person for each offense to be recovered as other laws and forfeitures are recoverable.

RETURN OF A BIRTH 90371

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

8th child

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Dec 15 1880

4. Place of Birth, (Street and Number)

239 - Light St

5. Full Name of Mother,

Mary Schott

6. Mother's Maiden Name,

Mary Gerhardt

7. Mother's Birthplace,

Baltimore Md

8. Full Name of Father,

Gen. Schott

9. Father's Occupation,

Baker

10. Father's Birthplace,

Baltimore Md

Name of Medical Attendant, or other Person who makes this Return.

James Bacon M.D.

Address,

Conrad Street Lafayette Ave.

Remarks,

be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child to report its birth to the Commissioner of Health, in the manner and form required, and any such person or persons who fail to do so, shall be liable to a fine of ten dollars for each offense to be recovered as other dues and forfeitures are recoverable.

RETURN OF A BIRTH 90372

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,



Dec 1 1886

Anna Maria Schierholz

Wm. Schierholz

J. Schierholz
330 E. Baltimore St.

90373

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

594 *Chlorophyll* DEPARTMENT
DEC. 4 1886
White TINCONE, MD.

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. *Date of Birth,*

4. *Place of Birth, (Street and Number)*

5. Full Name of Mother,

6. *Mother's Maiden Name.*

7. *Mother's Birthplace,*

8. Full Name of Father,

9. *Father's Occupation.*

10. *Father's Birthplace,*

Name of Medical Attendant, or other Person who makes this Return.

Address.

Remarks,

or other Person who
makes this Return.

71 North Chapel Street per Gustava Kunkin
Healthy.

mother, immediately thereafter it shall become the duty of the person or persons of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 90374

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st.
1. Sex (state whether male or female), Male
2. Race or Color (if not of the white race), White
3. Date of Birth, December 1st 1885
4. Place of Birth (Street and Number), No. 125 N. Bond St. near Eager.
5. Full Name of Mother, Maggie Linde
6. Mother's Maiden Name, Maggie Desch
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Peter H. Linde
9. Father's Occupation, Printer
10. Father's Birthplace, Baltimore
Name of Medical Attendant, or other person who makes this Return, M. A. Butt.
Address, 185 S.E. cor. Central av. & Monument St.
Remarks, All Well



90375

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1c 1b

for me

white in

December 2, 1867

Baltimore port No 133 241

anne Kirby

Geshilds

Ballinger

James Kirk

Ship on 2 p.m. 17th

Baltimore
Oct 15 1881

Elizabeth Hall - 111

light TL 65.32 15121

Remarks,

any person who shall become the agent of the persons or interests of such child to receive monies from the Federal Land Bank, or otherwise, for the purpose of providing for his birth to the Commissioner of Health, in the manner and within the period above required; and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as penalties and forfeitures are recoverable.

RETURN OF A BIRTH ⁹⁰³⁷⁶

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d.

1. Sex, (state whether male or female) Female.

2. Race or Color, (if not of the white race) White.

3. Date of Birth, December 1st - 1886.

4. Place of Birth, (Street and Number) 187 N. Conillon Avenue

5. Full Name of Mother, Fannie

6. Mother's Maiden Name, Mrs. Langhlin.

7. Mother's Birthplace, Balto. City.

8. Full Name of Father, Philip C. Easter

9. Father's Occupation, Salesman

10. Father's Birthplace, Balto. City.

Name of Medical Attendant, or other Person who makes this Return, R. W. Goldsmith, M.D.,

Address, Nelson Av. & Calhoun St.

Remarks,

He in attendance upon the mother, immediately hereafter it shall become the duty of the person or persons of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person who fails to do so, shall be subject to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.



RETURN OF A BIRTH 90377

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

December 1st 1886

4. Place of Birth, (Street and Number)

Gerret Ave No. 37

5. Full Name of Mother,

Helena Whistinkansen

6. Mother's Maiden Name,

Helena Blushon

7. Mother's Birthplace,

Genewa

8. Full Name of Father,

August Whistinkansen

9. Father's Occupation,

Lumber

10. Father's Birthplace,

Genewa

Name of Medical Attendant, or other Person who makes this Return.

Miss Ethel

Address,

No. 13 Cedar St

Remarks,

Baltimore

See the regulations upon this subject, and the duties of the Registrar of Vital Statistics, Baltimore City, in the manner and within the period above required, and any such persons or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

See in attendance upon this mother, immediately thereafter, to sign the duty of the person or persons of each of the
report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person
or persons who shall hereafter fail to comply with the provisions of this section, shall be subject to the fine of ten (10) dollars
for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 90378

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

8th Child

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

December 1st

4. Place of Birth, (Street and Number)

Bacon St. No. 70

5. Full Name of Mother,

Abel Chied Shaffer

6. Mother's Maiden Name,

Abel Chied Shaffer

7. Mother's Birthplace,

Gomana

8. Full Name of Father,

John Shaffer

9. Father's Occupation,

Baker

10. Father's Birthplace,

Gomana

Name of Medical Attendant, or other Person who makes this Return.

Mrs. Etel

Address,

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.).

1. Sex, (~~state whether male or female~~)

2. Race or Color, (if not of the white race)

3. Date of Birth...

4. *Place of Birth, (Street and Number)*

5. Full Name of Mother,

6. *Mother's Maiden Name,*

7. *Mother's Birthplace,*

8. *Full Name of Father,*

9. *Father's Occupation,*

10. *Father's Birthplace,*

Name of Medical Attendant, or other Person who makes this Return.

Address,.....

Remarks,

to be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered and all other fines and forfeitures are recoverable.

RETURN OF A BIRTH 90380

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Second*

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race) *white*

3. Date of Birth, *December 2nd 1886*

4. Place of Birth, (Street and Number) *1008 E. Preston St*

5. Full Name of Mother, *Elizabeth A. Stock*

6. Mother's Maiden Name, *Elizabeth A. Harris*

7. Mother's Birthplace, *Baltimore*

8. Full Name of Father, *Edward J. Stock*

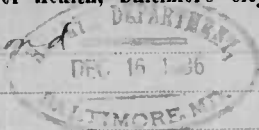
9. Father's Occupation, *Wine Merchant*

10. Father's Birthplace, *Baltimore*

Name of Medical Attendant, or other Person who makes this Return, *Anna Sumler*

Address, *60 Ashcroft St*

Remarks,



be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child to report his birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other laws and ordinances are recoverable.

RETURN OF A BIRTH ⁹⁰³⁸¹

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Second*

1. Sex, (state whether male or female) *Female*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *Nov 2 - 86*

4. Place of Birth, (Street and Number) *56 Clay St.*

5. Full Name of Mother, *Mary Dimmerman*

6. Mother's Maiden Name, *Messelman*

7. Mother's Birthplace, *Russia*

8. Full Name of Father, *Rudolph Dimmerman*

9. Father's Occupation, *Storekeeper*

10. Father's Birthplace, *Russia*

Name of Medical Attendant, or other Person who makes this Return *Mary Koroh*

Address, *1018 South Eastern*

Remarks,



See for attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child to report its birth to the Commissioner of Health, in the manner and within the time specified in the regulations, and any person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of \$100, or to imprisonment for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH ⁹⁰⁸⁸²

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.).

6th

1. Sex, (state whether male or female).

Female

2. Race or Color, (if not of the white race).

White

3. Date of Birth,

Dec 2nd 1884

4. Place of Birth, (Street and Number)

Oager & Ann St.

5. Full Name of Mother,

Susan Peters

6. Mother's Maiden Name,

" Hebling

7. Mother's Birthplace,

Balto

8. Full Name of Father,

Joseph Peters

9. Father's Occupation,

Trimmer

10. Father's Birthplace,

Stanford Co.

Name of Medical Attendant, or other Person who makes this Return.

Mrs Julia Green

Address,

948 N Gay St

Remarks,

Do in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall thereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense: to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 90883

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Smith*
1. Sex, (state whether male or female) *Female*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *Dec. 2^d 1886.*
4. Place of Birth, (Street and Number) *1434 N. Mount St.*
5. Full Name of Mother, *Mrs. Francis Ann Collins.*
6. Mother's Maiden Name, *Frances Ann Plotzger.*
7. Mother's Birthplace, *Baltimore.*
8. Full Name of Father, *John Oliver Collins.*
9. Father's Occupation, *Broom Maker.*
10. Father's Birthplace, *Baltimore.*
- Name of Medical Attendant, or other Person who makes this Return. *Dr. Wm. J. Chappell.*
- Address, *Cor. Prattman & Tricker Sts.*
- Remarks,



Report its birth to the Commissioner of Health in the manner and within the period prescribed, and if it fails to do so, the person or persons of such child to be reported, shall be subject to the fine of ten (10) dollars for each offense to be recovered as other laws and forfeitures are recoverable.

report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 90384

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)



1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

The 2 December 1886

4. Place of Birth, (Street and Number)

No 1102 Harford St

5. Full Name of Mother,

Kate Wehling

6. Mother's Maiden Name,

Kate Erb

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Henry Wehling

9. Father's Occupation,

Business Maker

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return.

Mrs C. H. Lauer

Address,

No 173 Harford St

Remarks,

First born

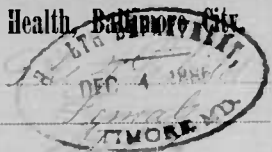
1886

report to birth to the Commissioner of Health. In the making and within the period above required, and any action or person who fails to do so, shall be subjected to the fine of \$100/dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH ⁹⁰³⁸⁵

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)



1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

The 2nd December '86

4. Place of Birth, (Street and Number)

No 207 E. Union St

5. Full Name of Mother,

Lizzie Chigard

6. Mother's Maiden Name,

Lizzie Schump

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

William Chigard

9. Father's Occupation,

Butcher

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return

Mrs C. H. Lauer

Address,

No 1059 Maryland

Remarks,

Bal Md

1886

be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be only liable to the fine of ten (10) dollars for each infraction to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH ⁹⁰³⁸⁶

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (~~state whether 1st, 2d, 3d, &c.~~)

1. Sex, (~~state whether male or female~~)

2. Race or Color, (~~if not of the white race~~)

3. Date of Birth,

Dec. 2nd 1882. 4 Am.

4. Place of Birth, (Street and Number)

76 Market Space

5. Full Name of Mother,

Rose Lewin

6. Mother's Maiden Name,

" Goldsmith

7. Mother's Birthplace,

Germany

8. Full Name of Father,

Isidore Lewin

9. Father's Occupation,

Salesman

10. Father's Birthplace,

Germany

Name of Medical Attendant, or other Person who makes this Return,

A. H. P. Shorter, M.D.

Address,

1102 E. Baltimore St.

Remarks,

Instrumental

RETURN OF A BIRTH ⁹⁰³⁸⁷

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

1. Sex, (state whether male or female) mal

2. Race or Color, (if not of the white race) white

3. Date of Birth, 2^d December

4. Place of Birth, (Street and Number) N. 1035 Nalder St.

5. Full Name of Mother, Anna Batha Spack

6. Mother's Maiden Name, Wigand

7. Mother's Birthplace, Andorf, Sachsen-Germany

8. Full Name of Father, Henry Oswald Spack

9. Father's Occupation, Piano maker

10. Father's Birthplace, Freiburg, Sachsen-Germany

Name of Medical Attendant, or other Person who makes this Return. Mrs. Bange

Address, No 426 New Lloyd Cross St

Remarks,



Report by birth to the Commissioner of Health, in the manner and within the period above required, and any such return or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 90388

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd Child

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race)

3. Date of Birth, 2 12 1896

4. Place of Birth, (Street and Number) 10 Lehigh Street

5. Full Name of Mother, Lizzie J. Muller

6. Mother's Maiden Name, Emma

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Charles Muller

9. Father's Occupation, Beer Driver

10. Father's Birthplace, Germany

Name of Medical Attendant, or other Person who makes this Return, Mrs. Bangs

Address, No 426 Ave 10 St 711 Cross St

Remarks,



report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered in other fines and forfeitures are recoverable.

RETURN OF A BIRTH 90389

To the Office of Registrar of Vital Statistics, Board of Health. Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) Male.

2. Race or Color, (if not of the white race) White

3. Date of Birth, Dec. 2nd 1886.

4. Place of Birth, (Street and Number) #183 Exeter St

5. Full Name of Mother, Lizzie Corrie.

6. Mother's Maiden Name, Lorette.

7. Mother's Birthplace, Balto. County.

8. Full Name of Father, J. M. Corrie.

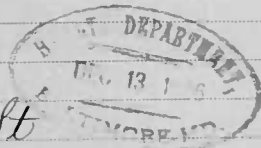
9. Father's Occupation, Engineer.

10. Father's Birthplace, Balto. County.

Name of Medical Attendant, or other Person who makes this Return, Mrs. Anna Hillegert

Address, #182 Monument St.

Remarks, 1038 (New Number)



report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 90390

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6
1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, December 9
4. Place of Birth, (Street and Number) Church St 1169
5. Full Name of Mother, Mrs. Calvert
6. Mother's Maiden Name, Mrs. Patience
7. Mother's Birthplace, Northumberland Co. Va.
8. Full Name of Father, Wm. Calvert
9. Father's Occupation, Laborer
10. Father's Birthplace, Baltimore Md.
- Name of Medical Attendant, or other Person who makes this Return, Dr. J. W. Milson
- Address, 115 Maple St
- Remarks,

Every person who reports a birth to the Registrar of Vital Statistics, shall be entitled to a certificate of birth, which shall be subject to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

Be in accordance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and in case of persons who shall hereafter fail to comply with the provisions of this line, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 90391

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, 2nd Decr 1890

4. Place of Birth, (Street and Number) 15 Ridge,

5. Full Name of Mother, Mary Wickham

6. Mother's Maiden Name, Sarah Colthard

7. Mother's Birthplace, Pittsburg

8. Full Name of Father, Gustav Wickham

9. Father's Occupation, cigar maker

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return. Catherine Mitchell

Address, West Mt 12 near 113 Calver St

Remarks, Good birth unknown

Witnessed by J. Tickner



RETURN OF A BIRTH 90392

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 12th

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, 2nd of Dec. 1886

4. Place of Birth, (Street and Number) 75-1 Leavitt St.

5. Full Name of Mother, Minnie Kimmler

6. Mother's Maiden Name, " Rischen

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Christian Kimmler

9. Father's Occupation, Cabinet Maker

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return, Mary Walter.

Address, 625 N. Caroline St.

Remarks,

be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child, to report his birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as under laws and regulations are recoverable.

RETURN OF A BIRTH ⁹⁰³⁹³

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

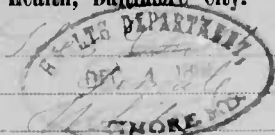
9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,



The 2 of December
No 173 Calverton St

Maggie Tell

Maggie Tell

Baltimore

John Tell

Tailor

Baltimore

Dr Wm E. Lamer

No 173 Maryland Ave
Baltimore
MD

report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of it is \$100 dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 90398

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st 2 1896

1. Sex, (state whether male or female) male child

2. Race or Color, (if not of the white race) Colored

3. Date of Birth, December 17 1896

4. Place of Birth, (Street and Number) 8 East Street

5. Full Name of Mother, Mary E. Chase

6. Mother's Maiden Name, Mr. Charles E. Chase

7. Mother's Birthplace, Baltimore, Baltimore City

8. Full Name of Father, Mr. Charles Chase

9. Father's Occupation, Oyster Shucker

10. Father's Birthplace, Saint Mary County, Md.

Name of Medical Attendant, or other Person who makes this Return.

Address, Darwin Tinsden No 308

Remarks, Chesnut Street



Report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH *90395*

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *5th*

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth *2nd Dec 1886*

4. Place of Birth, (Street and Number) *Tatner Street No 29*

5. Full Name of Mother, *Selma Schwagrock*

6. Mother's Maiden Name, *Ellert*

7. Mother's Birthplace, *Germanien*

8. Full Name of Father, *Karl Schwagrock*

9. Father's Occupation, *Schnecker*

10. Father's Birthplace, *Germanien*

Name of Medical Attendant, or other Person who makes this Return.

Address, *Elielb Ell No 5 Karlene Schwag*

Remarks,

to be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered in any other does and forfeitures are recoverable.

RETURN OF A BIRTH 90396

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st.

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White.

3. Date of Birth, December 2d - 1886.

4. Place of Birth, (Street and Number) 204 Madison av. (now Madison St.)

5. Full Name of Mother, Sophia M.

6. Mother's Maiden Name, Morley.

7. Mother's Birthplace, Balt. Co.

8. Full Name of Father, John J. Meyer.

9. Father's Occupation, Publisher.

10. Father's Birthplace, Balt. City.

Name of Medical Attendant, or other Person who makes this Return,

Address,

Remarks,

R. H. Goldsmith, M.D.,
Hale St. & Calhoun St.

Be it remembered, that the mother immediately thereafter it shall become the duty of the person or persons of such child, to report the birth to the Commissioner of Health, and the mother of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other laws and ordinances are recoverable.

RETURN OF A BIRTH 90397

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, Dec 2nd 1866

4. Place of Birth, (Street and Number) 79 W. Mulliken, Jr.

5. Full Name of Mother, Higgins Charles

6. Mother's Maiden Name, "O" Walth

7. Mother's Birthplace, Balto Md

8. Full Name of Father, Frederick Charles

9. Father's Occupation, Farmer

10. Father's Birthplace, Swedenland

Name of Medical Attendant, or other Person who makes this Return, Mr. J. V. Higgins

Address, 1302 Hollands St,

Remarks,

It is the duty of the person or persons of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and say such person or persons who shall hereafter fail to comply with the provisions of this law, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other laws and ordinances are recoverable.

RETURN OF A BIRTH 90398

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st Child*

1. Sex, (state whether male or female) *Female*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *Dec 29 1896*

4. Place of Birth, (Street and Number) *No. 252 Eastern*

5. Full Name of Mother, *Mrs. Hanna Tugent*

6. Mother's Maiden Name, *Miss Hanna Winks*

7. Mother's Birthplace, *Baltimore City*

8. Full Name of Father, *John Tugent*

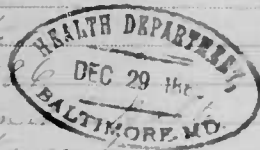
9. Father's Occupation, *Galvanizer*

10. Father's Birthplace, *Baltimore City*

Name of Medical Attendant, or other Person who makes this Return, *Mr. R. A. Gyles*

Address, *4435 Burke St.*

Remarks, *formerly Mrs. R. A. Gyles*



report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

Report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 90399

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race)

3. Date of Birth,

Dec. 24. 1886

4. Place of Birth, (Street and Number)

121 Bechtel St

5. Full Name of Mother,

Mary Ruggier

6. Mother's Maiden Name,

" " Schuer

7. Mother's Birthplace,

Ct.

8. Full Name of Father,

John Ruggier

9. Father's Occupation,

car maker

10. Father's Birthplace,

Ct.

Name of Medical Attendant, or other Person who makes this Return.

Levy Behr

Address,

120 Bechtel St

Remarks,



Report the birth to the Commissioner of Health in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 90400

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) /

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race)

3. Date of Birth,

Dec. 2nd 1886

4. Place of Birth, (Street and Number) W. Ave. & E.

5. Full Name of Mother,

Clara ~~W. B.~~ Boetelhof

6. Mother's Maiden Name,

" " Miller

7. Mother's Birthplace,

City

8. Full Name of Father,

William Boetelhof

9. Father's Occupation,

Type setter

10. Father's Birthplace,

City

Name of Medical Attendant, or other Person who makes this Return.

Wm. J. J. J.

Address,

W. Ave. & E.

Remarks,



RETURN OF A BIRTH 90401

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

1. ☒ of Child of Mother, (state whether 1st, 2d, 3d, &c.) *(1st) first*
2. Sex, (state whether male or female) *male*
3. Race or Color, (if not of the white race) *White*
4. Date of Birth, *Dec 2 1886*
5. Place of Birth, (Street and Number) *1022 S. Paca St.*
6. Full Name of Mother, *Elizabeth Shawker*
7. Mother's Maiden Name, *Tallmer*
8. Mother's Birthplace, *Baltimore City Md*
9. Full Name of Father, *George W. Shawker*
10. Father's Occupation, *Carter*
11. Father's Birthplace, *Howard Co Md*
- Name of Medical Attendant, or other Person who makes this return *Dr. J. B. Williams*
- Address, *403 N. Paca St.*
- Remarks,

RETURN OF A BIRTH 90402

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1

1. Sex (state whether male or female),

Female

2. Race or Color (if not of the white race),

3. Date of Birth,

Dec 3/86

4. Place of Birth (Street and Number),

N^o 544 Lanton Ave

5. Full Name of Mother,

Minnie Vogel

6. Mother's Maiden Name,

Eberle

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Andrew Vogel

9. Father's Occupation,

Laborer

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other person who makes this Return.

Mrs. Louise Kraft

Address,

N^o 405 E Washington St.

Remarks,

the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the father or parents of such child to report the birth to the Commissioner of Health, in the manner and within the period above specified, and the person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 90403

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2^d*

1. Sex (state whether male or female), *male*
2. Race or Color (if nat af the white race), *wht.*
3. Date of Birth, *Nov. 3. 1886*
4. Place of Birth (Street and Number), *old no. 48. Bloom St.*
5. Full Name of Mather, *Mary. J. Wilhelm*
6. Mother's Maiden Name, *Lember*
7. Mother's Birthplace, *Penna*
8. Full Name af Father, *Birden Wilhelm*
9. Father's Occupation, *R. R. employe*
10. Father's Birthplace, *Ind*

Name of Medical Attendant, or other person who makes this Return, *S. D. Sadtler M.D.*

Address, *Cor. Lombard St. and*

Remarks, *for G. Lane Daneyhill Mrs.*



mother, immediately thereafter it shall become the duty of the person or persons of such child to report its birth to the Commissioner of Health, in the manner and within the time prescribed in this section, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (\$10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Carl Herman Discher* 1st

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

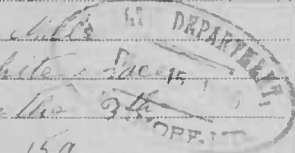
9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,



Birth of any child shall occur without the duty of the person or persons at birth to be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons at birth to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person for each offense to be recovered, to other fines and forfeitures are recoverable.

birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, and the mother shall then become the owner of the parent or parents of such child to report to the Board of Health of this city, within the time of the parent or parents of such child to report, except in the cases of the births and deaths of illegitimate children, and in the case of a child born illegitimate, each parent shall thereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars. Each offense, to be recoverable on other lines and persons, shall be recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. *Date of Birth.*4. *Place of Birth, (Street and Number)*

5. *Full Name of Mother.*

6. *Mother's Maiden Name.*7. *Mother's Birthplace.*

8. *Full Name of Father.*

9. *Father's Occupation.*

10. *Father's Birthplace.*

Name of Medical Attendant, or other Person who makes this Return.

Address.

Remarks.



be in attendance upon the mother, immediately thereafter, it shall become the duty of the person or persons of such child to report its birth to the Commissioner of Health, by the mother or father, or by the person or persons who shall hereafter fall to comply with the provisions of this section, shall be subjected to the fine of \$10 in (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH *190406*

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *7 Dora*

1. Sex, (state whether male or female) *Female*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *Dec 2, 1886*

4. Place of Birth, (Street and Number) *18 S Spring St*

5. Full Name of Mother, *Sarah Swartz*

6. Mother's Maiden Name, *Sarah Rothman*

7. Mother's Birthplace, *Austria*

8. Full Name of Father, *Max Swartz*

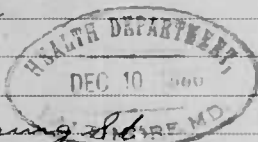
9. Father's Occupation, *Carpenter*

10. Father's Birthplace, *Austria*

Name of Medical Attendant, *E Scherman*
or other Person who makes this Return.

Address, *Albemarle st W 103.*

Remarks,



condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

00401

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd
1. Sex (state whether male or female) Female
2. Race or Color (if not of the white race) white
3. Date of Birth Dec 3^d 86
4. Place of Birth (Street and Number) 302 Anna St. near (Steam)
5. Full Name of Mother Mrs. Katie Williams
6. Mother's Maiden Name —
7. Mother's Birthplace Baltimore Md.
8. Full Name of Father Thomas Williams
9. Father's Occupation Engineer
10. Father's Birthplace Baltimore
- Name of Medical Attendant, or other Person who makes this Return. Dr. J. J. Jones M.D.
- Address —
- Remarks —

RETURN OF A BIRTH 90408

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *3rd Child*

1. Sex, (state whether male or female) _____

2. Race or Color, (if not of the white race) _____

3. Date of Birth, _____

4. Place of Birth, (Street and Number) *old no 361-2001* *Cor Washington and Calver St*

5. Full Name of Mother, _____

6. Mother's Maiden Name, _____

7. Mother's Birthplace, _____

8. Full Name of Father, _____

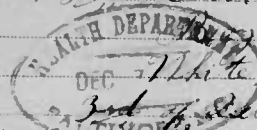
9. Father's Occupation, _____

10. Father's Birthplace, _____

Name of Medical Attendant, or other Person who makes this Return, _____

Address, _____

Remarks, _____



White
3rd of December 1886

Maggie Schmitt

Maggie Reed

Baltimore

George Reed

Blacksmith

Baltimore

Crescentia Kunkel

17¹³ North Chapel street per Justina Kunkel

Healthy

See in attendance upon the mother, immediately thereafter it shall be the duty of the person or persons of such child to report its birth to the Commissioner of Health, in the manner provided by law, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

70407.

no in attendance upon the mother, immediately thereafter it shall become the duty of the parent or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such parent or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be required as other now and for future non-recoverable.

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77-087100

10. REMARKS

.....

St. Louis, Mo., Dec. 10, 1892.

111

London, 18th Dec. 1841.

.....

1892

be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

90410

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *First Child*

1. Sex, (state whether male or female) *Female*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *Third Day of December*

4. Place of Birth, (Street and Number) *No 71 Harrison st*

5. Full Name of Mother, *Annie W. Basenthal*

6. Mother's Maiden Name, *Annie Basenthal*

7. Mother's Birthplace, *Lincolnville*

8. Full Name of Father, *Wm. Basenthal*

9. Father's Occupation, *Legal Worker*

10. Father's Birthplace, *Europe*

Name of Medical Attendant, or other Person who makes this Return, *Wm. D. J. 3*

Address, *1028 E. Princeton St. Wm. D. J. 3*

Remarks, *Wm. D. J. 3*

RETURN OF A BIRTH 90411

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (~~state whether 1st, 2d, 3d, &c.~~)

1. Sex, (~~state whether male or female~~)

2. Race or Color, (~~if not of the white race~~)

3. Date of Birth,

Dec. 3 1886 - 10 P.M.

4. Place of Birth, (Street and Number)

61 Eastern Ave

5. Full Name of Mother,

Lela A. Izener

6. Mother's Maiden Name,

" " Rodd

7. Mother's Birthplace,

Balto Co Md

8. Full Name of Father,

James Izener

9. Father's Occupation,

Clerk Gas Office

10. Father's Birthplace,

Balto

Name of Medical Attendant, or other Person who makes this Return.

Dr. J. P. H. H. H. H.

Address,

1102 E Balld St

Remarks,

Birth of any child shall occur without the attendance of a Physician or practitioner of midwifery or should no other person be in attendance upon the mother, immediately thereafter it shall be the duty of the person so attending to cause the birth to be registered in the Office of Registrar of Vital Statistics, Baltimore City, and to sign the certificate of birth, which shall be filed in the Office of Registrar of Vital Statistics, Baltimore City, and to cause the same to be published in the Baltimore City Directory for each volume to be revised.

RETURN OF A BIRTH

90412

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2nd
 DEPARTMENT
 DEC 6
 1880
 1500 Baltimore
 Maria Cohen
 " of Strauss
 Baltimore
 Charles Cohen
 Tailor
 Russian
 Thredar Cohen
 578 Pennsylvania

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,

be in attendance upon the mother immediately thereafter it shall become the duty of the person or persons of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subject to the fine of five dollars for each offense to be recovered as other fines and forfeitures are recoverable.

be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth in the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 90413

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *4*

1. Sex, (state whether male or female) *male*

2. Race or Color, (if not of the white race) *Colored*

3. Date of Birth, *3 day of December*

4. Place of Birth, (Street and Number) *2755 Vine Street*

5. Full Name of Mother, *Ella Robinson*

6. Mother's Maiden Name, *Ella Ploton*

7. Mother's Birthplace, *Accomac, Co. Va*

8. Full Name of Father, *James Robinson*

9. Father's Occupation, *Grayman*

10. Father's Birthplace, *Norfolk, Va*

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,



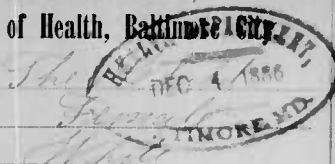
Annie Johnson
710 Faber street

be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child to report its birth to the Commissioner of Health within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this act, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 904111.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)



1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,

The 3rd of December 1886
No. 14 Bedford
Blanch Mearns
Blanch Mearns
Baltimore
Charles Mearns
Clerk
Baltimore
Mrs. Ch. Lauer
No. 1059 Bedford
Bal. Md.
1886

RETURN OF A BIRTH 90415

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th.

1. Sex (state whether male or female),
2. Race or Color (if not of the white race),
3. Date of Birth,
4. Place of Birth (Street and Number),
5. Full Name of Mother,
6. Mother's Maiden Name,
7. Mother's Birthplace,
8. Full Name of Father,
9. Father's Occupation,
10. Father's Birthplace,

female.

White.

December 3rd. 1886.

151 N. Wolf St.

Caroline Knoegel.

Caroline Miller.

Baltimore.

Geo. Knoegel,

Tailor.

Baltimore.

M. A. Butt.

Name of Medical Attendant, or other person who makes this Return.

Address, 185 S. E. cor Central av. & Monument St.

Remarks, G. H. Will.

no fee. Immediately thereafter it shall become the duty of the person or persons of such child to report its birth to the Registrar of Vital Statistics, in the manner and within the period above required, and any such person or persons who shall hereafter fail to do so shall be liable to a fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

90416

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

12th Child

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

December 3

4. Place of Birth, (Street and Number)

11th St. MD.

5. Full Name of Mother,

Elisebeth Summers

6. Mother's Maiden Name,

Elisebeth Shreck

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Henry Summers

9. Father's Occupation,

Laborer

10. Father's Birthplace,

Germany

Name of Medical Attendant, or other Person who makes this Return.

Mrs. Ettel

Address,

No 18 Cuba St.

Remarks,

be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child to report its birth to the Commissioner of Health, within the time specified in any required, and any such person or persons who fail to do so, shall be liable to the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

the attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (\$10) dollars for each offense to be recovered on other fines and forfeitures are recoverable.

7
T.MORE, MD.

L. L.

1/2 1

C. J. Radtke

061

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1. 1.

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90418

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

34

- Генна

- Dec 3rd 1880

- 153 Jan 1

- Happy Birth

- Hermit

- City.

- Parthocorniculatus*

- Oyster Harbor

- City:

Levy B. By

12 (Bank It)

Remarks,



and in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as a civil action and forfeitures are recoverable.

to be filled out by the mother, or attending physician, or other person in attendance upon the birth, immediately thereafter it shall become the duty of the person or persons of such child to report the birth to the Commissioner of Health. In the manner and within the time prescribed in this section shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 90419

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether male or female),

2. Race or Color (if not of the white race),

3. Date of Birth,

4. Place of Birth (Street and Number),

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks,

90420

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Girl

2. Race or Color, (if not of the white race) Irish

3. Date of Birth, 4 Dec 1881

4. Place of Birth, (Street and Number) 46 Duane Alley

5. Full Name of Mother, Barbara Taylor

6. Mother's Maiden Name, Barbara J. Ketchum

7. Mother's Birthplace, Spain

8. Full Name of Father, John J. Smith

9. Father's Occupation, *Tailor*

10. Father's Birthplace, Buenos Aires

Name of Medical Attendant, or other Person who makes this Return... *Mary Kopchik*

Address, 69 N. Wash. ignored

Remarks,

as an excuse upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,

1st

Male

White

Dec 14 1886

810 Gay & Madison St

Sophia Thalen

" Hotel

Balt

Julius Thalen

Store House & Timmer

Balt

Mrs Julia Green

940 W Gay St

Be it attested, that upon the mother, immediately thereafter, shall become the duty of the person or persons, such child to report the birth of the child to the Office of Registrar of Vital Statistics, Board of Health, Baltimore City, and any such person who fails to do so, shall be liable to a fine of ten dollars for each offense to be recovered in other due and forcible manner.

4 Co. One Triplet and Multiplet

RETURN OF A BIRTH 90422

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, Aug 4 Dec 1886

4. Place of Birth, (Street and Number) 433 Durham St

5. Full Name of Mother, Anna J. Davis

6. Mother's Maiden Name, Anna Davis

7. Mother's Birthplace, Bohemia

8. Full Name of Father, John Davis

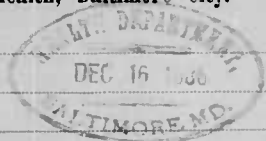
9. Father's Occupation, Farmer

10. Father's Birthplace, Bohemia

Name of Medical Attendant, or other Person who makes this Return

Address, 699 Washington St

Remarks,



See in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child to report its birth in the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 90423

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) Wht

3. Date of Birth, 4 Dec 1906

4. Place of Birth, (Street and Number) 534 Eager St

5. Full Name of Mother, Mary Fedark

6. Mother's Maiden Name, Mary Blaha

7. Mother's Birthplace, Bohemia

8. Full Name of Father, Frank Blaha

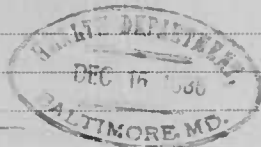
9. Father's Occupation, Teacher

10. Father's Birthplace, Bohemia

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,



birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person who fails to do so shall be liable to a fine of ten (10) dollars for each offense to be recovered.

RETURN OF A BIRTH

90424

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mather, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) Boy

2. Race or Color, (if not of the white race) White

3. Date of Birth, 4 Dec 1876

4. Place of Birth, (Street and Number) 48 Duncan Alley

5. Full Name of Mather, Mary Shuck

6. Mather's Maiden Name, Mary Torst

7. Mather's Birthplace, Bohemia

8. Full Name of Father, Frank Shuck

9. Father's Occupation, Tailor

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return, Mary Kipter

Address, 27 N. Howard St

Remarks,



See in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child to report its birth in the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 90415

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1*

1. Sex, (state whether male or female) *Female*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *Dec 4 1886*

4. Place of Birth, (Street and Number) *2021 E. 13th St*

5. Full Name of Mother, *May Kipper*

6. Mother's Maiden Name, *May Bloodsworth*

7. Mother's Birthplace, *Balt - city*

8. Full Name of Father, *Charles W Kipper*

9. Father's Occupation, *Iron Foundry*

10. Father's Birthplace, *Balt - city*

Name of Medical Attendant, or other Person who makes this Return, *A. H. L. L. L. L. L. L.*

Address, _____

Remarks, _____

Any person who shall neglect or refuse to comply with the provisions of this section, shall be subject to the fine of ten (10) dollars for each offense.

Should any other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents, or such child, to report the birth of the child to the Registrar of Births, in the manner, and within the period above required, except in the cases of stillbirths, in which case the parent or parents shall be subject to a fine of ten dollars, if such offense, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.)

1st Child

1. Sex, (state whether male or female) ..

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Dec. 4th

4. Place of Birth, (Street and Number)

No 1210 William St

5. Full Name of Mother,

Mary M. Mariner

6. Mother's Maiden Name,

McGould

7. Mother's Birthplace,

Baltimore Md

8. Full Name of Father,

Lucien A. Mariner

9. Father's Occupation,

Mariner

10. Father's Birthplace,

Mathews Co. Va.

Name of Medical Attendant, or other Person who makes this Return

Miss Conway

Address,

Remarks,

Be on attention: upon the mother, immediately thereafter it shall require the duty of the person or persons of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subject to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH ⁹⁰¹¹³⁷

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

5

1. Sex, (state whether male or female)

female

2. Race or Color, (if not of the white race)

Caucasian

3. Date of Birth,

December 14 18

4. Place of Birth, (Street and Number)

Milbame street 113

5. Full Name of Mother,

Mary Marshall

6. Mother's Maiden Name,

Mary Schmitt

7. Mother's Birthplace,

Adams County Pa

8. Full Name of Father,

Ben Marshall

9. Father's Occupation,

Store on the Market

10. Father's Birthplace,

Columbia County Pa

Name of Medical Attendant, or other Person who makes this Return.

Dr. J. M. Sullivan

Address,

115 Myrtle St

Remarks,

RETURN OF A BIRTH 90428

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

12 Child
Male.

1. Sex (state whether male or female),

2. Race or Color (if not of the white race),

3. Date of Birth,

Dec 4 - 1886

4. Place of Birth (Street and Number),

339 Hanover st

5. Full Name of Mother,

Mary Anna M.

6. Mother's Maiden Name,

Kawedel

7. Mother's Birthplace,

America

8. Full Name of Father,

August Schmidt

9. Father's Occupation,

Car-master

10. Father's Birthplace,

America

Name of Medical Attendant, or other person who makes this Return.

J. Schwasser M.D.

Address,

330 Hanover st

Remarks,

and not, immediately thereafter it shall become the duty of the person or persons of such child to report in birth to the Office of Registrar of Vital Statistics, Board of Health, Baltimore City, within the period of time specified in the section above required, and any such person or persons who shall thereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 90439

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

3^d

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

3. Date of Birth

Dec 4 1886

4. Place of Birth, (Street and Number)

7th East Row

5. Full Name of Mother

Mary Campbell

6. Mother's Maiden Name

Boyd

7. Mother's Birthplace

Virginia

8. Full Name of Father

Henry Cassel

9. Father's Occupation

Painter

10. Father's Birthplace

Virginia

Name of Medical Attendant, or other Person who makes this Return

John H. ...

Address

230 ...

Remarks

be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person who fails to do so shall be liable to a fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

90430

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. *Date of Birth,*

4. *Place of Birth, (Street and Number)*

5. Full Name of Mother,

6. *Mother's Maiden Name.*

7. *Mother's Birthplace,*

8. *Full Name of Father,*

9. *Father's Occupation.*

10. *Father's Birthplace,*

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks.

5
HEALTH DEPARTMENT
Culford
J. C. M. M.
THORNTON

Baltimore Stechhelm

Maggie Clark

Maggie Johnson

Eastwrenthore George, John and

Copied

La bauer

Clavin Chic

Loxia mist.

Stockholm Street

Being well

be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person who fails to do so shall be liable to a fine of not more than ten dollars, and for each offense to be recovered in other fines and forfeitures are recoverable.

RETURN OF A BIRTH 90431

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this return.

Address,

Remarks,

4
Dec 4 P.M. 1886

376
Mary Taylor
Carl Carl

Michael Getzer
Blau House
America

J. Solymancer
320

RETURN OF A BIRTH 90432

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st*

1. Sex (state whether male or female), *Female*

2. Race or Color (if not of the white race), *White*

3. Date of Birth, *December 4th 1886*

4. Place of Birth (Street and Number), *22 Hoernaman's avenue*

5. Full Name of Mother, *Maggie Shoenberger*

6. Mother's Maiden Name, *Maggie Sellner*

7. Mother's Birthplace, *Baltimore*

8. Full Name of Father, *McC. Shoenberger*

9. Father's Occupation, *Laborer*

10. Father's Birthplace, *Baltimore*

Name of Medical Attendant, or other person who makes this Return, *M. J. Butt*

Address, *185 S.E. cor. Central av. N. Monument St.*

Remarks, *All Well*

RETURN OF A BIRTH 90433

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, 4 December 1886

4. Place of Birth, (Street and Number) 23 Madison

5. Full Name of Mother, Louise Barker

6. Mother's Maiden Name, " Ottinger

7. Mother's Birthplace, New York

8. Full Name of Father, Frank Barker

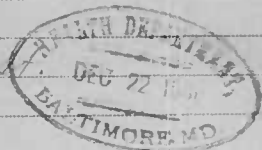
9. Father's Occupation, Cigar Maker

10. Father's Birthplace, Baltimore Md

Name of Medical Attendant, or other Person who makes this Return, Mrs. R. D. Barry

Address, 1307 Hollands St

Remarks,



Persons who are required to report the birth of a child, or the death of a person, or the marriage of a person, or the adoption of a child, or the change of name of a person, or the change of residence of a person, or the change of occupation of a person, or the change of race or color of a person, or the change of sex of a person, or the change of date of birth of a person, or the change of place of birth of a person, or the change of full name of a person, or the change of maiden name of a person, or the change of birthplace of a person, or the change of occupation of a person, or the change of birthplace of a person, or the change of name of medical attendant, or the change of address of a person, or the change of remarks of a person, shall be subject to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or corporation failing to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

GIVEN NAME ADDED 11-5-51
RETURN OF A BIRTH 90434

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Isaac Jefferson Hansen
No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8th Child

1. Sex, (state whether male or female) Male Child
2. Race or Color, (if not of the white race) White
3. Date of Birth, Born December 4th
4. Place of Birth, (Street and Number) No. 27 Longwood St.
5. Full Name of Mother, Mrs. Emily Hansen
6. Mother's Maiden Name, Miss Emily Harrison
7. Mother's Birthplace, Baltimore City
8. Full Name of Father, Olive Hansen & Hansen
9. Father's Occupation, Laborer
10. Father's Birthplace, Kennedy

Name of Medical Attendant, or other Person who makes this Return, Mrs. R. S. Garrett

Address, 65 Burke St.

Remarks, forming Mrs. R. S. Garrett



report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 90435

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

First

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Dec. 4th 1886

4. Place of Birth, (Street and Number)

Maternity, 1134 115 W. Lombard St

5. Full Name of Mother,

Lena Zimmerman

6. Mother's Maiden Name,

Do.

7. Mother's Birthplace,

Maryland

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

L. F. Anderson M.D.

Address,

1134 115 W. Lombard St

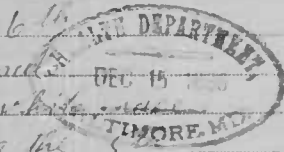
Remarks,

RETURN OF A BIRTH

90437

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)



1. Sex, (state whether male or female)

female

2. Race or Color, (if not of the white race)

white

3. Date of Birth,

December the 5th

4. Place of Birth, (Street and Number)

Baltimore home address of

5. Full Name of Mother,

Mary G. Kancel

6. Mother's Maiden Name,

Dance

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

James Kancel

9. Father's Occupation,

laborer

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return.

Elizabeth Halden

Address,

Light St. No. 132

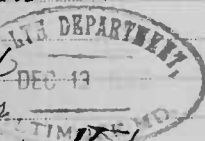
Remarks,

Report, its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 90438

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1 child*
1. Sex, (state whether male or female) *Female*
2. Race or Color, (if not of the white race) *Colored*
3. Date of Birth, *5 of December*
4. Place of Birth, (Street and Number) *# 61-231 Dover Street*
5. Full Name of Mother, *Liger Still*
6. Mother's Maiden Name, *Liger Still*
7. Mother's Birthplace, *Starford County.*
8. Full Name of Father, *Unknown*
9. Father's Occupation, *"*
10. Father's Birthplace, *Unknown*
- Name of Medical Attendant, or other Person who makes this Return, *May ofane Richardson*
- Address, *212 Dover Street*
- Remarks, _____



See in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child, to report its birth to the Registrar of Vital Statistics, in the manner and within the period above required, and any willful neglect or refusal to do so, shall be subject to the fine of ten (10) dollars for each offence to be recovered as other laws and ordinances are recoverable.

RETURN OF A BIRTH 90439

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Myrtle Jane Reeder
No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *3rd*

1. Sex, (state whether male or female) *Female*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *Dec 5th - 1886*

4. Place of Birth, (Street and Number) *685 Columbia Ave*

5. Full Name of Mother, *Allie Reeder*

6. Mother's Maiden Name, *Allie Muse*

7. Mother's Birthplace, *Virginia*

8. Full Name of Father, *Alphonso Reeder*

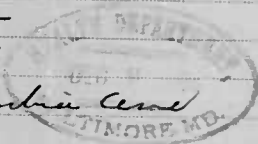
9. Father's Occupation, *Engineer*

10. Father's Birthplace, *Virginia*

Name of Medical Attendant, or other Person who makes this Return, *Helijonda Clefer*

Address, *529 Columbia Ave*

Remarks, **SEX CASE ADDED** *8-6-54*



Report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

report its birth to the Commissioner of Health, in the manner and within the time and under the penalty and any such person or persons who fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

GIVEN NAME ADDED 5-2-51
RETURN OF A BIRTH 90440

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name of child: *Laurson Wickins* *Male* *51*
No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female).

2. Race or Color, (if not of the white race).

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

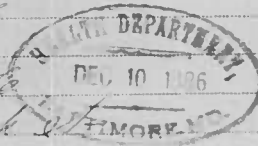
9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,



RETURN OF A BIRTH

90441

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

One

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Dec 31 1886

4. Place of Birth, (Street and Number)

14

5. Full Name of Mother,

Martha S. Lee

6. Mother's Maiden Name,

Martha Stanley

7. Mother's Birthplace,

West Virginia

8. Full Name of Father,

William P. Lee

9. Father's Occupation,

Labr

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return.

Louella H. H. H.

Address,

136 Regent St.

Remarks,

No. in attendance upon this mother, immediately thereafter it shall become the duty of the person or persons of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.



RETURN OF A BIRTH 90682

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *3rd Child*

1. Sex, (state whether male or female) *Girl*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *born 5th December*

4. Place of Birth, (Street and Number) *No 145 S. Chappelle St.*

5. Full Name of Mother, *Wilhemine Nickel*

6. Mother's Maiden Name, *Wilhemine Nitzky*

7. Mother's Birthplace, *Germany*

8. Full Name of Father, *Albert Nickel*

9. Father's Occupation, *Labor*

10. Father's Birthplace, *Germany*

Name of Medical Attendant, or other Person who makes this Return, *Friedrike Kaufmann*

Address, *No 517 S. Dallas St.*

Remarks, *H. Curran*

Report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

the Commissioner of Health, in the manner and within the time specified, and because the duty of the person or persons of such child to report its birth to the Commissioner of Health, and any agent or person of persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 60443

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether male or female),
2. Race or Color (if not of the white race),
3. Date of Birth,
4. Place of Birth (Street and Number),
5. Full Name of Mother,
6. Mother's Maiden Name,
7. Mother's Birthplace,
8. Full Name of Father,
9. Father's Occupation,
10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks,

May 3 1904
316 Canton
Lina (Walter)
Beislitz
American
James Fisher
Laborer
American
Lina (Walter)
316 Canton

RETURN OF A BIRTH

40444

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



2. ☒ of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th
1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, Monday Dec 5th
4. Place of Birth, (Street and Number) Balto 85 Calvert st
5. Full Name of Mother, Melinda Hopper
6. Mother's Maiden Name, Branham
7. Mother's Birthplace, King George County Va
8. Full Name of Father, John E. Hopper
9. Father's Occupation, ~~Williamson County Pa~~ Farmer
10. ☒ Father's Birthplace, Williamstown Chester County Pa
- Name of Medical Attendant, or other Person who makes this Return Mrs Charity Jones
- Address, 59 Baltimore city
- Remarks,

be in attendance upon the mother immediately thereafter. It shall become the duty of the person or persons of such child, so
and his birth to the Commissioner of Health, in the manner and within the period above required, and any such person
or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars
for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 90445

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) _____

2. Race or Color, (if not of the white race) Wh

3. Date of Birth Dec 5-1886

4. Place of Birth, (Street and Number) E. Townsend St 408

5. Full Name of Mother, Begg

6. Mother's Maiden Name, "

7. Mother's Birthplace, Don't know

8. Full Name of Father, "

9. Father's Occupation, "

10. Father's Birthplace, "

Name of Medical Attendant, or other Person who makes this Return. Archer Atkinson

Address, Office

Remarks, Res

65 N "Charles St
73 Chor St ave

RETURN OF A BIRTH 90446

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *3 child*
1. Sex, (state whether male or female) *female*
2. Race or Color, (if not of the white race) *Colored*
3. Date of Birth, *December 5 1886*
4. Place of Birth, (Street and Number) *Baltimore City East St number 127 2*
5. Full Name of Mother, *Ruby paderson*
6. Mother's Maiden Name, *Ruby Brinko*
7. Mother's Birthplace, *St Marys County*
8. Full Name of Father, *William paderson*
9. Father's Occupation, *Laborer*
10. Father's Birthplace, *Wellsburg County W D*
- Name of Medical Attendant, or other Person who makes this Return *Henetta glaxson*
- Address, *Old number 327 Meelday St extended*
- Remarks, *in good health*



RETURN OF A BIRTH 904447

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. Sex (state whether male or female),

Female

2. Race or Color (if not of the white race),

3. Date of Birth,

Dec. 5 1886

4. Place of Birth (Street and Number),

1935 E. Monument St.

5. Full Name of Mother,

Annie Deckner

6. Mother's Maiden Name,

" Dujean

7. Mother's Birthplace,

Prussia

8. Full Name of Father,

Charles J. Deckner

9. Father's Occupation,

Builder

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other person who makes this Return.

Edward J. McDevide

Address,

208 Airyville St.

Remarks,

The Registrar of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (\$10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

Report the birth of every child, and the death of every person, and any such person or persons who fail to comply with the provisions of this section, shall be subjected to the fine of (a) \$10; dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 90448

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st Child

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Dec. 5th 1863

4. Place of Birth, (Street and Number)

74 Calverton St.

5. Full Name of Mother,

Mrs. Fannie Lindy

6. Mother's Maiden Name,

Gannie Smith

7. Mother's Birthplace,

Plains, Anne Arund. Co.

8. Full Name of Father,

John T. Lindy
Farmer

9. Father's Occupation,

10. Father's Birthplace,

Plains, Anne Arundel Co.

Name of Medical Attendant, or other Person who makes this Return

F. P. Murphy M. D.

Address,

78 Wd. av.

Remarks,

the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 90449

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2^{cd}*
1. Sex (state whether male or female), *Male*
2. Race or Color (if not of the white race), *White*
3. Date of Birth, *Dec. 5th 1886*
4. Place of Birth (Street and Number), *No. 33 Milliment St.*
5. Full Name of Mother, *Marg. Fabry*
6. Mother's Maiden Name, *Marg. Garman*
7. Mother's Birthplace, *Baltimore*
8. Full Name of Father, *Johs. Fabry*
9. Father's Occupation, *Shoemaker*
10. Father's Birthplace, *Germany*
- Name of Medical Attendant, or other person who makes this Return. *N. A. B. M.*
- Address, *185 S.E. cor. Central av. & Monument St.*
- Remarks, *647 All Well*

RETURN OF A BIRTH 90450

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, Dec 5th

4. Place of Birth, (Street and Number) 760 St Peter St

5. Full Name of Mother, Elizabeth Herion

6. Mother's Maiden Name, Elizabeth Weinsick

7. Mother's Birthplace, Germany

8. Full Name of Father, William Herion

9. Father's Occupation, Blacksmith

10. Father's Birthplace, Germany

Name of Medical Attendant, or other Person who makes this Return, Heligonda (Plafid)

Address, New No 529 Columbia Ave

Remarks,

Report the birth in the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 90451

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2^d

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Dec. 5 / 1886

4. Place of Birth, (Street and Number)

46 Woodward St

5. Full Name of Mother,

Josephine Jackson
Schley

6. Mother's Maiden Name,

7. Mother's Birthplace,

Ind

8. Full Name of Father,

Jas A Jackson

9. Father's Occupation,

Mechanic (B.O.R.R.)

10. Father's Birthplace,

Ind

Name of Medical Attendant, or other Person who makes this Return.

Thomas Opie M.D.

Address,

600 N. Howard St

Remarks,

If any child is born in the Commonwealth of Health, in the manner and within the period above required, and on or before the first day of January next following, the Registrar of Vital Statistics shall be liable to the fine of ten (\$10) dollars for each offense to be recovered as other laws and forfeitures are recoverable.

RETURN OF A BIRTH 90452

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Child Name, *Newton Elmer Spriess*

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *4th*

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race) *white*

3. Date of Birth, *Dec. 5th*

4. Place of Birth, (Street and Number) *911 Light St.*

5. Full Name of Mother, *Amelia Spriess*

6. Mother's Maiden Name, *Reugg*

7. Mother's Birthplace, *Balto.*

8. Full Name of Father, *Charles Spriess*

9. Father's Occupation, *Machinist*

10. Father's Birthplace, *Germany*

Name of Medical Attendant, or other Person who makes this Return *C. L. Buddenbom*

Address, *166 S. Paca St.*

Remarks,

Persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other laws and forfeitures are recoverable.

RETURN OF A BIRTH.

90453

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2^d
 1. Sex (state whether ~~Male~~ or Female) Female
 2. Race or Color (if not of the white race) White
 3. Date of Birth December 3rd 1886
 4. Place of Birth (Street and Number) old No. 19 Myrtle Av.
 5. Full Name of Mother Mary A. Seales
 6. Mother's Maiden Name Mary A. Judd
 7. Mother's Birthplace South Africa (of English parents)
 8. Full Name of Father Frederic Seales
 9. Father's Occupation Bleacher & Colorer of Straw Goods
 10. Father's Birthplace Luton in England

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

John C. Harris M.D.
New No. 773 W. Lexington St.
(Old No. 360)

of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH 90454

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2nd*

1. Sex, (state whether male or female) *Female*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *Friday Nov. 5th 1892*

4. Place of Birth, (Street and Number) *43 Valley St.*

5. Full Name of Mother, *Mary A. Hopper*

6. Mother's Maiden Name, *Mary A. C. Brinn*

7. Mother's Birthplace, *Frostsmuth Va.*

8. Full Name of Father, *Thomas L. Hopper*

9. Father's Occupation, *Employed at City Hall,*

10. Father's Birthplace, *Baltimore Md.*

Name of Medical Attendant, or other Person who makes this Return. *Wilbur Brinton M.D.*

Address, *Chas St. & Fremont Plac'd*

Remarks,

Printed for the Registrar of Vital Statistics, Baltimore City, by the Board of Health, Baltimore City, in the manner and within the period above required, and any not, person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

Use this certificate of birth, in the manner and within the period above required, and any such person or persons who shall hereafter fail to do so, shall be liable to a fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH *90456*

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1*
1. Sex (state whether male or female), *Male*
2. Race or Color (if not of the white race), *White*
3. Date of Birth, *Dec 5 - 1886*
4. Place of Birth (Street and Number), *1134 E. Lombard St.*
5. Full Name of Mother, *Lenora Kearney*
6. Mother's Maiden Name, *M. Gorn*
7. Mother's Birthplace, *Baltimore*
8. Full Name of Father, *Patrick Kearney*
9. Father's Occupation, *Labourer*
10. Father's Birthplace, *Baltimore*
- Name of Medical Attendant, or other person who makes this Return. *Wm. H. H. H.*
- Address, *1427 E. Pratt St.*
- Remarks,



RETURN OF A BIRTH 90457

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

7th

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Dec 6th 1886

4. Place of Birth, (Street and Number)

1420 Mc Elderry St

5. Full Name of Mother,

Elizabeth Jane Grant

6. Mother's Maiden Name,

" " Merith

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Michael J Grant

9. Father's Occupation,

Printer

10. Father's Birthplace,

New York

Name of Medical Attendant, or other Person who makes this Return.

Mrs Julia Greeny

Address,

940 N. Gay St

Remarks,

report its data to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 40 1458

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.)

1. ☒ (state whether male or female) Male

2. Race or Color, (if not of the white race) Colored

3. Date of Birth, Dec 8 1886

4. Place of Birth, (Street and Number) 12 China St

5. Full Name of Mother, X

6. Mother's Maiden Name, Lonia Wing

7. Mother's Birthplace, Cambridge Port Chester County N.Y.

8. Full Name of Father, Henry Hill

9. Father's Occupation, Soldier

10. Father's Birthplace, Baltimore

Name of Medical Attendant,

or other Person who
makes this Return

Address, 10 47 China St

Remarks.

the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall be so required to make this Return, shall be liable to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

904459

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

first

1. Sex (state whether male or female),

male

2. Race or Color (if not of the white race),

white

3. Date of Birth,

12 December 1886

4. Place of Birth (Street and Number),

391 Clinton Street

5. Full Name of Mother,

Maggie Mary Marbury

6. Mother's Maiden Name,

Zimmerman

7. Mother's Birthplace,

Baltimore County

8. Full Name of Father,

George Marbury

9. Father's Occupation,

Blacksmith

10. Father's Birthplace,

Baltimore County

Name of Medical Attendant, or other person who makes this Return.

Chas Wiley

Address, 4661 Patterson Park Ave

Remarks,

RETURN OF A BIRTH

90460

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

five



1. Sex, (state whether male or female)

female

2. Race or Color, (if not of the white race)

white

3. Date of Birth,

Dec. 6th 1886

4. Place of Birth, (Street and Number)

1109 Patterson Ave

5. Full Name of Mother,

Mary Ann Rags.

6. Mother's Maiden Name,

Ferguson

7. Mother's Birthplace,

The Atlantic Ocean

8. Full Name of Father,

Wm. F. Rags.

9. Father's Occupation,

Book Keeper

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return.

Dr. Christian M.D.

Address,

1821 Madison Ave

Remarks,

Person who shall hereafter fail to comply with the provisions of this act, shall be subject to the fine of ten (10) dollars for each offense to be recovered as other laws and ordinances are recoverable.

RETURN OF A BIRTH 90461

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race)

3. Date of Birth, Dec 6th 1880

4. Place of Birth, (Street and Number) 6 Pleasant St

5. Full Name of Mother, Kristina Ryan

6. Mother's Maiden Name, " Roe

7. Mother's Birthplace, Ireland

8. Full Name of Father, Andrew Ryan

9. Father's Occupation, Sept Laundry

10. Father's Birthplace, Paeto

Name of Medical Attendant, or other Person who makes this Return, Geo. B. Reynolds

Address, 71 N. Calvert St

Remarks,



RETURN OF A BIRTH.

90462

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother (state whether ~~N.~~ 2d, ~~N.~~ 3d, &c.)

1. Sex (~~state whether Male or Female~~)

2. Race or Color (~~if not of the white race~~)

3. Date of Birth

Dec 6th 1886

4. Place of Birth (Street and Number)

Carrollton Ave

5. Full Name of Mother

Mary King Proxel

6. Mother's Maiden Name

Mary King Hobkins

7. Mother's Birthplace

Dorchester Co Md

8. Full Name of Father

Frederick Wilson Proxel

9. Father's Occupation

Clerk

10. Father's Birthplace

Dorchester Co Md

Name of Medical Attendant, or other Person who makes this Return.

Dr. J. L. Miller M.D.

Address

1213 Indiana Place

Remarks

Chloroform administered. No trouble.

of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH

90463

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White Race

3. Date of Birth,

December 9, 1913

4. Place of Birth, (Street and Number)

No. 207. Hancock St.

5. Full Name of Mother,

Lizzie Hopp

6. Mother's Maiden Name,

Kahland

7. Mother's Birthplace,

Baltimore, Md.

8. Full Name of Father,

Henry Hopp

9. Father's Occupation,

Labourer

10. Father's Birthplace,

Baltimore, Md.

Name of Medical Attendant, or other Person who makes this Return.

Lizzie Hopp

Address,

No. 207. Hancock St.

Remarks,

or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH, 901164

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

1. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

2. Sex (state whether male or female) Female

3. Race or Color, (if not of the white race) White

4. Date of Birth 6 of Dec 1886.

5. Place of Birth, (Street and Number) Baltimore Windereshted 83

6. Full Name of Mother Mary Smith

7. Mother's Maiden Name Mary Smith

8. Mother's Birthplace Baltimore

9. Full Name of Father Joseph Smith

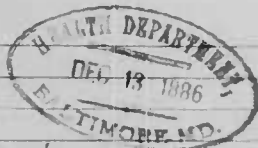
10. Father's Occupation Fireman

11. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mrs. Elizabeth Donaldson

Address 1824 Byrd Street

Remarks Mother and child are doing well.



RETURN OF A BIRTH ⁹⁰⁴⁶⁵

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2

1. Sex, (state whether male or female)

male

2. Race or Color, (if not of the white race)

white

3. Date of Birth,

December

4. Place of Birth, (Street and Number)

Special 200 & 201 North

5. Full Name of Mother,

Kate Connelley

6. Mother's Maiden Name,

Call

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Michael Connelley

9. Father's Occupation,

laborer

10. Father's Birthplace,

Ireland

Name of Medical Attendant, or other Person who makes this Return

Address,

Mary Putnam

Remarks,

241 Cherry



Should no other person be in attendance upon the mother immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Registrar of Vital Statistics, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offense, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

90466

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2nd*

1. Sex, (state whether male or female) *Male. Named Rivoire Mainway Rolston*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *December 6th 1886*

4. Place of Birth, (Street and Number) *281 E. Baltimore St.*

5. Full Name of Mother, *Eliza Harbun Rolston*

6. Mother's Maiden Name, *" " Mainway*

7. Mother's Birthplace, *Isle of Man - Great Britain*

8. Full Name of Father, *Thomas Rolston*

9. Father's Occupation, *Employee B. & O. Rail Road*

10. Father's Birthplace, *Ireland*

Name of Medical Attendant, *D. W. Catthell M.D.*
or other Person who makes this Return.

Address, *2 W. Broadway*

Remarks, *Parents are English people and are very particular in having all the facts recorded for future reference.*



RETURN OF A BIRTH 90467

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. (state whether male or female) *Female*

2. Race or Color, (if not of the white race) *Colord*

3. Date of Birth, *December 6 1886*

4. Place of Birth, (Street and Number) *707 Durham St*

5. Full Name of Mother, *Louisia Steiny 23*

6. Mother's Maiden Name, *Louisia Standy*

7. Mother's Birthplace, *Baltimore Co*

8. Full Name of Father, *William Standy 26*

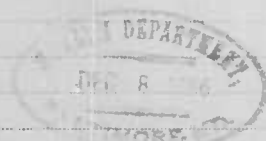
9. Father's Occupation, *waiting*

10. Father's Birthplace, *Eastern Shore*

Name of Medical Attendant, or other Person who makes this Return *Elen Barton*

Address, *1026 North Chopped St*

Remarks,



RETURN OF A BIRTH ⁹⁰⁴⁶⁸

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st Child

1. Sex, (state whether male or female).

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

born 6th December

4. Place of Birth, (Street and Number)

No 35 Sangerster St.

5. Full Name of Mother,

Ellis Kibel

6. Mother's Maiden Name,

Ellis Alber

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Shan Kibel

9. Father's Occupation,

Labor

10. Father's Birthplace,

Germania

Name of Medical Attendant, or other Person who makes this Return.

Frederike Kaufmann

Address,

No 517 S. Dallas St

Remarks,

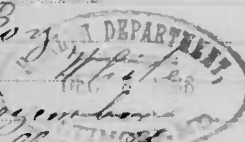
H. Lammie

of persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 90469

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *5th Child*
1. Sex, (state whether male or female) *Boy*
2. Race or Color, (if not of the white race)
3. Date of Birth, *born 6th December*
4. Place of Birth, (Street and Number) *No 729 S. Dallas Str*
5. Full Name of Mother, *Carlein Morschmeier*
6. Mother's Maiden Name, *Carlein Siebers*
7. Mother's Birthplace, *Germania*
8. Full Name of Father, *Charles Morschmeier*
9. Father's Occupation, *Schuhmacher*
10. Father's Birthplace, *Germania*
- Name of Medical Attendant, or other Person who makes this Return. *Friederike Hofmann*
- Address, *No 511 S. Dallas Str*
- Remarks, *Heboman*



report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 90470

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Third (3d)

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Monday Dec 6th 186. 7:20 AM

4. Place of Birth, (Street and Number)

263. W. Biddle St

5. Full Name of Mother,

Margaret Mullen

6. Mother's Maiden Name,

Margaret Russell

7. Mother's Birthplace,

Baltimore City

8. Full Name of Father,

Peter Mullen

9. Father's Occupation,

Police Officer

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this return

Edw. Welch M.D.

Address,

Post Office Ave & Mulberry St

Remarks,

Baltimore

RETURN OF A BIRTH 90471

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.)

Third

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Monday Dec 6th 186- (5-21-11)

4. Place of Birth, (Street and Number)

1419 Bristle St

5. Full Name of Mother,

Mary, L. Meunier

6. Mother's Maiden Name,

Mary, L. Russell

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Wm. A. Meunier

9. Father's Occupation,

Paper Hanger

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return

Charles W. M. W.

Address,

Cotter Ave & Mulberry St -

Remarks,

Baltimore

See to the satisfaction of the Registrar of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

CITY'S NAME ADDED 12-13-55
RETURN OF A BIRTH

90472

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

George Frederick Mitter

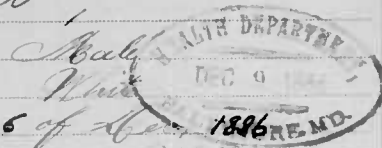
Na. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether male or female),
2. Race or Color (if nat of the white race),
3. Date of Birth,
4. Place of Birth (Street and Number),
5. Full Name of Mother,
6. Mother's Maiden Name,
7. Mother's Birthplace,
8. Full Name of Father,
9. Father's Occupation,
10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks,



6 of Dec 1896

No 1923 William

Emma Mitter

Emma Craft

Baltimore

Geo. Mitter

Cigar maker

Baltimore

Sabina Grishaber

No 127 West

RETURN OF A BIRTH. 90473

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 6

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,

December
Female
BAPTIST

white
Date 6 December
BALTIMORE MD

41 Bank street

Emma J. J. J.

Miss Somers

Peter Somers

labor

Baltimore

Dr. Sheeman
182 Canton

Report the birth to the Registrar of Health, by the manner and within the period above required, and any such person who fails to do so, shall be subject to the fine of ten (10) dollars for each offense to be recovered as other dues and forfeitures are recoverable.

RETURN OF A BIRTH 90474

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st*

1. Sex, (state whether male or female) *Female*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *10 April 1886*

4. Place of Birth, (Street and Number) *236 Hamburg*

5. Full Name of Mother, *Mrs. J. K. K.*

6. Mother's Maiden Name, *"J. K." L. K.*

7. Mother's Birthplace, *Baltimore*

8. Full Name of Father, *John M. K.*

9. Father's Occupation, *Wheeler*

10. Father's Birthplace, *Ireland*

Name of Medical Attendant, or other Person who makes this Return, *Dr. J. K. K.*

Address, *578 K. K. K.*

Remarks,

RETURN OF A BIRTH 90476

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c). *2nd*

1. Sex, (state whether male or female) *Male.*

2. Race or Color, (if not of the white race) *White.*

3. Date of Birth, *Dec. 6th 1886.*

4. Place of Birth, (Street and Number) *108 Randall St.*

5. Full Name of Mother, *Catherine Greager.*

6. Mother's Maiden Name, *Palk.*

7. Mother's Birthplace, *Ind.*

8. Full Name of Father, *John Walter Greager.*

9. Father's Occupation, *Janitor.*

Father's Birthplace, *Ind.*

Name of Medical Attendant, or other Person who makes this Return, *Robert B. Rowe M. D.*

Address, *1019 Light St.*

Remarks,

on persons who shall hereafter fail to comply with the provisions of this section, shall be subject to the fine of \$10 in (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable,

RETURN OF A BIRTH 90477

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, Dec 6th 1886

4. Place of Birth, (Street and Number) 215 N. Euter St.

5. Full Name of Mother, Florence M. Pierce

6. Mother's Maiden Name, Daniere MO

7. Mother's Birthplace, Virginia

8. Full Name of Father, Wm M. Pierce

9. Father's Occupation, Machinist

10. Father's Birthplace, Virginia

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,

Same J. Bell MD

134 N. Euter St.



or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

any of the parent or parents of such child to report its birth to the Board of Health, if the child is illegitimate, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offense, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *First* (90478)

1. Sex, (state whether male or female)

Male.

2. Race or Color, (if not of the white race)

White.

3. Date of Birth,

Dec 6th 1886.

4. Place of Birth, (Street and Number)

512 N. Calvert St.

5. Full Name of Mother,

Margaret Yeakle

6. Mother's Maiden Name,

Mary A Yeakle.

7. Mother's Birthplace,

Frederick Md

8. Full Name of Father,

Nicholas Cross.

9. Father's Occupation,

Tailor

10. Father's Birthplace,

Pratts.

Name of Medical Attendant, or other Person who makes this Return

Edward C. Mackenzie M.D.

Address,

206 W. Franklin St.

Remarks,



RETURN OF A BIRTH. 90479

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

First

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

(Colored)

3. Date of Birth

Dec 7th 1886

4. Place of Birth, (Street and Number)

332 Forrest Street

5. Full Name of Mother,

Hester J. Dungee

6. Mother's Maiden Name,

Hester J. Nichols

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Gas J. Dungee

9. Father's Occupation,

Portrait Painter

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return.

Sam'l T. Powell M.D.

Address,

529 Arisquith Street

Remarks,

Persons are liable to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (\$10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 90480

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) Male and Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, 7 Dec 1886
4. Place of Birth, (Street and Number) 918 Charter St
5. Full Name of Mother, Emma Brantlich
6. Mother's Maiden Name, Emma Brantlich
7. Mother's Birthplace, Baltimore Md
8. Full Name of Father, John Brantlich
9. Father's Occupation, Soldier
10. Father's Birthplace, Balto Md

Name of Medical Attendant, or other Person who makes this Return, Mary E. Smith

Address, 69 N. Maryland St

Remarks,

RETURN OF A BIRTH 90481

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, Dec 8 1886

4. Place of Birth, (Street and Number) 712 Chapel St

5. Full Name of Mother, Kate Engel

6. Mother's Maiden Name, Kate Dorsey

7. Mother's Birthplace, Germany

8. Full Name of Father, Georg Engel

9. Father's Occupation, Tailor

10. Father's Birthplace, Bohemia

Name of Medical Attendant, or other Person who
Mary K. Fisher
makes this Return.

Address, 67 N. Holliday St

Remarks,

or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 90482

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, 7 November

4. Place of Birth, (Street and Number) Alley 9th Howard and Baltimore

5. Full Name of Mother, Mary Gaudet

6. Mother's Maiden Name, Mary April

7. Mother's Birthplace, Berlin

8. Full Name of Father, Joe B. Gaudet

9. Father's Occupation, Teacher

10. Father's Birthplace, Berlin

Name of Medical Attendant, or other Person who makes this Return, Mary Gaudet

Address, 69 N. Washington St

Remarks,

or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 90483

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, Balto Dec 7 1886

4. Place of Birth, (Street and Number) 100 N Avenue

5. Full Name of Mother, Mary Novotny

6. Mother's Maiden Name, Anna Dorota

7. Mother's Birthplace, Bohemia

8. Full Name of Father, John Novotny

9. Father's Occupation, Tailor

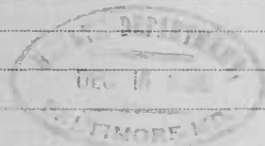
10. Father's Birthplace, Bohemia

Name of Medical Attendant, or other Person who makes this Return, Mary K. [unclear]

Address, 6711 Washington St

Remarks,

or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.



or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 90484

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, Dec 28 1886

4. Place of Birth, (Street and Number) 414 10th St

5. Full Name of Mother, Mary Ryan

6. Mother's Maiden Name, Mary Hershell

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Jim Ryan

9. Father's Occupation, Laborer

10. Father's Birthplace, Blue Bell

Name of Medical Attendant, or other Person who makes this Return, Mary Ryan

Address, 674 W. 10th St

Remarks,



RETURN OF A BIRTH 90485

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, 7 Dec 1886

4. Place of Birth, (Street and Number) 376 Calverton St

5. Full Name of Mother, Kate Quady

6. Mother's Maiden Name, Kate Rohlf

7. Mother's Birthplace, Bohemia

8. Full Name of Father, Charles Quady

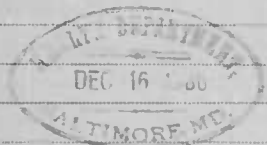
9. Father's Occupation, Bookkeeper

10. Father's Birthplace, Bohemia

Name of Medical Attendant, or other Person who makes this Return, Mary McIntire

Address, 6711 Washington St

Remarks,



or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 90486

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, 7 Dec 1886

4. Place of Birth, (Street and Number) 5430 Barche St

5. Full Name of Mother, Anna Silenska

6. Mother's Maiden Name, Annia Huddes

7. Mother's Birthplace, Bohemia

8. Full Name of Father, Jan Silenska

9. Father's Occupation, Tailor

10. Father's Birthplace, Bohemia

Name of Medical Attendant, or other Person who makes this Return, May 1st 1887

Address, 29 N. Washington St

Remarks,



RETURN OF A BIRTH 90487

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, 7 Dec 1886

4. Place of Birth, (Street and Number) 367 Acumant

5. Full Name of Mother, Barbara Overka

6. Mother's Maiden Name, Barbara Hails

7. Mother's Birthplace, Bohemia

8. Full Name of Father, Jas Overka

9. Father's Occupation, Tailor

10. Father's Birthplace, Bohemia

Name of Medical Attendant, or other Person who makes this return

Address, 694 Newington St

Remarks, A



in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 90488

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, 7 Dec 1886

4. Place of Birth, (Street and Number) 2018 E Orleans St

5. Full Name of Mother, Rose Moller

6. Mother's Maiden Name, Rose Schfer

7. Mother's Birthplace, Germany

8. Full Name of Father, Conrad Moller

9. Father's Occupation, Stonemason

10. Father's Birthplace, Germany

Name of Medical Attendant, or other Person who makes this Return, Dr. Hopfisch

Address, 69 North Washington St

Remarks,



RETURN OF A BIRTH 90489

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks, *Normal labor, small feet child, with Talipes Calcaneus valgus*

first
female
white
Dec 4th 86
211 So W 5th St
Mary Stern
" Daniel
Germany
Sigmund Stern
Merchant
Baltimore
A. Friedberg M.D.
88 N. Eutaw St

Persons who shall heretofore fail to comply with the provisions of this section, shall be subject to the fine of \$10 for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

90490

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

Child of Mother (state whether 1st, 2d, 3d, &c.) Col. Boy
State whether Male or Female it is a male
or Color (if not of the white race) Colored
of Birth on the 7th of December
of Birth (Street and Number) No 130 Thomas Court
Name of Mother Sarah Lizzie Fisher
s Maiden Name Sarah Lizzie Groves
s Birthplace Baltimore
Name of Father Charles Edward Groves
s Occupation Work in a packing house
s Birthplace Calvert County
of Medical Attendant, or other Person who makes this Return Henry
209, Howard St
likes very much

RETURN OF A BIRTH ⁹⁰⁴⁹¹

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *3rd*

1. Sex, (state whether male or female) *female*

2. Race or Color, (if not of the white race) *white*

3. Date of Birth, *Dec. 7, 1886*

4. Place of Birth, (Street and Number) *703 Key St.*

5. Full Name of Mother, *Rose Franley*

6. Mother's Maiden Name, *Rose Adelman*

7. Mother's Birthplace, *Balto.*

8. Full Name of Father, *James Franley*

9. Father's Occupation, *Laborer*

10. Father's Birthplace, *Balto.*

Name of Medical Attendant, or other Person who makes this Return, *Mary L. Savary*

Address, *726 Myer St.*

Remarks,



report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or person who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 90492

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

A Child of Mother, (state whether 1st, 2d, 3d, &c.) *First Child*

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *December 7th 1886*

4. Place of Birth, (Street and Number) *99 East Eger st Baltimore City*

5. Full Name of Mother, *Mrs Rosalie Parr*

6. Mother's Maiden Name, *Miss Rosalie Stumm*

7. Mother's Birthplace, *Baltimore City Md*

8. Full Name of Father, *Mr Augustus Parr*

9. Father's Occupation, *Iron Moulder*

10. Father's Birthplace, *Prusya City W. Pr*

Name of Medical Attendant, or other Person who makes this Return *Wm J Woodson*

Address, *836 N. 120 Greenmount Dr*

Remarks,

RETURN OF A BIRTH 90493

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 /

1. Sex, (state whether male or female)..... Male
2. Race or Color, (if not of the white race)..... White
3. Date of Birth,..... November 13 1895
4. Place of Birth, (Street and Number)..... 1634 S. Light St.
5. Full Name of Mother,..... Maggie Sabaku
6. Mother's Maiden Name,..... Manning
7. Mother's Birthplace,..... Balt. Md.
8. Full Name of Father,..... Freddie Sabaku
9. Father's Occupation,..... Box Maker
10. Father's Birthplace,..... Cincinnati, Ohio
- Name of Medical Attendant, or other Person who makes this Return..... Dr. J. J. Jones
- Address,..... 1634 S. Light St.
- Remarks,.....

or persons who shall hereafter fail to comply with the provisions of this law, shall be subject to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

90494

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether male or female)

2. Race or Color (if not of the white race)

3. Date of Birth

4. Place of Birth (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

first
female
colored
Dec 7th



11. Hardens Court
Katie Smith
Watts
A. A. Co Md
Robert Smith
Laborer
St. Marys, Co
Francis Granby
936 Leadenhall St
Baltimore

name of the mother of such child or children.

This is a return of birth, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 90495

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st

1. Sex (state whether male or female),

Male

2. Race or Color (if not of the white race),

White

3. Date of Birth,

December 7th. 1886

4. Place of Birth (Street and Number),

Eager St. Extended

5. Full Name of Mother,

Mary Bynnie

6. Mother's Maiden Name,

Mary Louis

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

John Bynnie

9. Father's Occupation,

Laborer

10. Father's Birthplace,

Baltimore County

Name of Medical Attendant, or other person who makes this Return.

A. J. Butt

Address, 183 S. E. cor Central av. V. Monument St.

Remarks, All well

RETURN OF A BIRTH 90496

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st.*

1. Sex (state whether male or female),

Male

2. Race or Color (if not of the white race),

3. Date of Birth,

Dec. 7/1886

4. Place of Birth (Street and Number),

52 La Motte St.

5. Full Name of Mother,

Elizabeth Davis

6. Mother's Maiden Name,

" Coughlan

7. Mother's Birthplace,

Ireland

8. Full Name of Father,

Thomas Davis

9. Father's Occupation,

Shoemaker

10. Father's Birthplace,

Ireland

Name of Medical Attendant, or other person who makes this Return.

Edw. J. P. M.D.

Address,

208 Aislinn St.

Remarks, *The father of this child suffered with malarial fever the*

the father was severe & shock was so great that it has completely ruined him & he is a well man. He is the same man who was

born in the White House & lived there the winter of 1886 & 1887 when he was 10 years old & was then in the White House & lived there the winter of 1886 & 1887

The Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH ⁹⁰⁴⁹⁷

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Born December 7 1886*

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race) *Caucasian*

3. Date of Birth, *Date of Birth 7 December 1886*

4. Place of Birth, (Street and Number) *Market Alley 120*

5. Full Name of Mother, *Lara Brown Maiden Name*

6. Mother's Maiden Name, *Lara G. Allen Mother's Birthplace*

7. Mother's Birthplace, *Genl. Mass father's name*

8. Full Name of Father, *George Brown*

9. Father's Occupation, *Drumming*

10. Father's Birthplace, *Baltimore*

Name of Medical Attendant, or other Person who makes this Return *Dr. Lizzy Earnest*

Address,

Remarks,

Any person who fails to comply with the provisions of this section shall be subject to a fine of ten dollars for each offense, to be recovered in other fines and penalties are recoverable.

RETURN OF A BIRTH 90498

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Usacetta Norris Calder

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,

CITIZEN NAME ADDED.

4-1-58

For the purpose of this return, the names of the mother, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subject to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

who shall hereafter fail to comply with the provisions of this act, shall be liable to a fine of ten (10) dollars for each offense, to be recovered as other dues and forfeitures are recoverable.

RETURN OF A BIRTH 90499

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

4th

1. Sex (state whether male or female),

male

2. Race or Color (if not of the white race),

white

3. Date of Birth,

Dec 7th

4. Place of Birth (Street and Number),

628 Bane St

5. Full Name of Mother,

Mary E McLaughlin

6. Mother's Maiden Name,

Mary E. Doyle

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

William J. McLaughlin

9. Father's Occupation,

Clerk

10. Father's Birthplace,

Baltimore

Name of Medical Attendant,

or other person who makes this Return.

Neilyonda (Slifer)

Address,

529 Columbia Ave

Remarks,

report the birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 90500

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st-

1. Sex, (state whether male or female) female

2. Race or Color, (if not of the white race)

3. Date of Birth Dec 7th

4. Place of Birth, (Street and Number) 1 Pitcher St

5. Full Name of Mother,

Mary Ann Crusey

6. Mother's Maiden Name,

Stahl

7. Mother's Birthplace,

Balt

8. Full Name of Father,

Howard Crusey

9. Father's Occupation,

clerk

10. Father's Birthplace,

Ind.

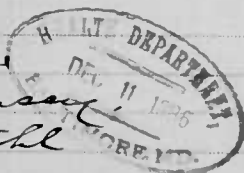
Name of Medical Attendant, or other Person who makes this Return.

Dr H. P. Morgan

Address,

179 315 N. Monument St

Remarks,



RETURN OF A BIRTH 90501

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

M Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race) ...

3. Date of Birth, ...

4. Place of Birth, (Street and Number)

5. Full Name of Mother, ...

6. Mother's Maiden Name, ...

7. Mother's Birthplace, ...

8. Full Name of Father, ...

9. Father's Occupation, ...

10. Father's Birthplace, ...

Name of Medical Attendant, or other person who makes this Return

Address, ...

Remarks, ...

First
Male
White



7th Decr 1886.

10:45 O'clk A.M.

257 N. Howard St

E. J. Wilson

E. J. Coplin

France

James Adair Wilson

Telegraph Operator

New York City

Wm Jackson Evans M.D.

635 N. Carey St.

report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 90502

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, Dec 8. 1886

4. Place of Birth, (Street and Number) 175-1. Mulberry St.

5. Full Name of Mother, Mary Catherine Hill

6. Mother's Maiden Name, Mary Catherine Johnson

7. Mother's Birthplace, Baltimore Md

8. Full Name of Father, John Hill

9. Father's Occupation, Lab or

10. Father's Birthplace, Petersburg

Name of Medical Attendant, or other Person who makes this Return, Susan Morgan

Address, No 47 N Harrison St

Remarks,



RETURN OF A BIRTH ⁹⁰⁵⁰³

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2. Rosie

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, Dec 2, 1886.

4. Place of Birth, (Street and Number) 110 Low St

5. Full Name of Mother, Rebecca Goldberg

6. Mother's Maiden Name, Rebecca Brenner

7. Mother's Birthplace, Russia

8. Full Name of Father, Charles Goldberg

9. Father's Occupation, Carpenter

10. Father's Birthplace, Russia

Name of Medical Attendant, or other Person who makes this Return. E. Sherman

Address, Albemarle st n 103.

Remarks,

or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

over 40504

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Catherine Elizabeth Townsend
No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female).....

2. Race or Color, (if not of the white race).....

3. Date of Birth,.....

4. Place of Birth, (Street and Number).....

5. Full Name of Mother,.....

6. Mother's Maiden Name,.....

7. Mother's Birthplace,.....

8. Full Name of Father,.....

9. Father's Occupation,.....

10. Father's Birthplace,.....

Name of Medical Attendant, or other Person who makes this Return.....

Address,.....

Remarks,.....

Female DEPARTMENT
White

Dec 4 - 1877

221 N. Edin

Lizzie Townsend

Lizzie Harker

Balt

James Townsend

Rigger of Vines

Balt

David V. Mayes M.D.

725 Arguith St

City

who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 90505

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether male or female),
2. Race or Color (if not of the white race),
3. Date of Birth,
4. Place of Birth (Street and Number),
5. Full Name of Mother,
6. Mother's Maiden Name,
7. Mother's Birthplace,
8. Full Name of Father,
9. Father's Occupation,
10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks,



2
Male
White
7 of Dec 1919
149 John St
Bessie Hunt
Bessie Hunt
Baltimore
William Hunt
Driver
Baltimore
Salina C. White
17127 Hunt St

Persons who are required to report the birth of a child, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 90506

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether male or female),

2. Race or Color (if not of the white race),

3. Date of Birth,

4. Place of Birth (Street and Number),

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks,

Male
White
7 of November 1906
No 222 Charles
Mary Casey
Mary A. Mulph
Baltimore
John Casey
Laborer
Ireland
Julius Guichard
10127 West St



or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 90507

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Second*
1. Sex, (state whether male or female) *Female*
2. Race or Color, (if not of the white race)
3. Date of Birth, *December 7th 1886*
4. Place of Birth, (Street and Number) *No 50 Pennsylvania Ave*
5. Full Name of Mother, *Louisa Riedel*
6. Mother's Maiden Name, *Bedger*
7. Mother's Birthplace, *68 Pennsylvania Ave*
8. Full Name of Father, *John Riedel*
9. Father's Occupation, *Shoemaker*
10. Father's Birthplace, *Eastern Ave*
- Name of Medical Attendant, or other Person who makes this Return *Mrs W Mannel Midwife*
- Address, *No 10 Pearl St.*
- Remarks,

RETURN OF A BIRTH 90508

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

3rd child.

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

3. Date of Birth,

December 7th 1887

4. Place of Birth, (Street and Number)

No 825 N. Baltimore St.

5. Full Name of Mother,

Annie Carlin

6. Mother's Maiden Name,

" Rosnig

7. Mother's Birthplace,

Bangenberg Württemberg

8. Full Name of Father,

Geo. Trauband

9. Father's Occupation,

Harness Maker

10. Father's Birthplace,

Schlichtsen Kurlissen

Name of Medical Attendant, or other Person who makes this Return.

Annie Lindner

Address,

No 100 S. Mount St.

Remarks,

or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 90509

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether male or female),

2. Race or Color (if not of the white race),

3. Date of Birth,

4. Place of Birth (Street and Number),

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks,

RETURN OF A BIRTH 90510

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) Colored

3. Date of Birth, December 8-1886

4. Place of Birth, (Street and Number) Orchard St No 453

5. Full Name of Mother, Lurena Tyler

6. Mother's Maiden Name, Lurena Jackson

7. Mother's Birthplace, Richmond Co Va

8. Full Name of Father, George Tyler

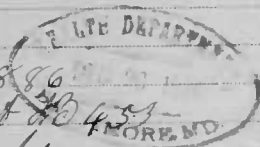
9. Father's Occupation, Driver

10. Father's Birthplace, West river A S Co S D

Name of Medical Attendant, or other Person who makes this Return. Mrs Millia Sanks

Address, No 1044 Newtaw St

Remarks, _____



Persons who shall heretofore fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

Report may be made to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other laws and ordinances are recoverable.

RETURN OF A BIRTH 90511

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,

White

Dec 5th / 1867

1325 N. Elm St

Isabelle G Kemp

" " Muir

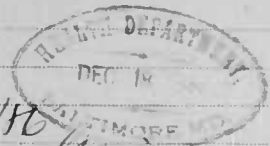
Baltimore Md

John Kemp

Plumber

Baltimore Md

H. E. Spencer
387 W. Lombard St



or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH ⁹⁰⁵¹²

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, 8 Dec 1914

4. Place of Birth, (Street and Number) 334 Arden St

5. Full Name of Mother, May Patera

6. Mother's Maiden Name, May Dorcil

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Andy Patera

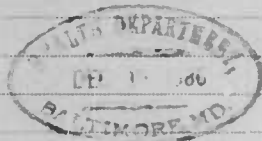
9. Father's Occupation, Tailor

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return

Address, 674 Washington St

Remarks,



RETURN OF A BIRTH, 90513

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth Wednesday December 8th 1886

4. Place of Birth, (Street and Number) No. 2018 Lenox Alley

5. Full Name of Mother Anna Reinhardt

6. Mother's Maiden Name Anna Arnold

7. Mother's Birthplace Baltimore Md.

8. Full Name of Father John Reinhardt

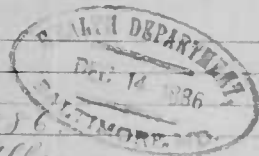
9. Father's Occupation Laborer

10. Father's Birthplace Germany

Name of Medical Attendant, or other Person who makes this Return. Catherine Fell.

Address No. 337 Bantoloe St.

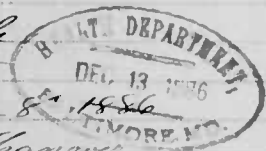
Remarks



RETURN OF A BIRTH. 90514

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *1*
1. Sex, (state whether male or female) *Female*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth *December 8th, 1886*
4. Place of Birth, (Street and Number) *N^o 619 Hancock*
5. Full Name of Mother, *Elizabeth Wilson*
6. Mother's Maiden Name, *Elizabeth Watsonworth*
7. Mother's Birthplace, *Baltimore*
8. Full Name of Father, *Amos C Wilson*
9. Father's Occupation, *Conductor B & O*
10. Father's Birthplace, *Baltimore*
- Name of Medical Attendant, or other Person who makes this Return. *Catharine Hornung*
- Address, *N^o 18 Byrd st*
- Remarks,



Report the birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other laws and forfeitures are recoverable.

RETURN OF A BIRTH 90515

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,



Thos Child
1st
White
Dec 11 1886
Thos Child
No 156
Kate Nickel
Kate Nickel
Germany
Martha Nickel
Tailor
Germany
Mrs Ch. Lauer
No 1059
Baltimore
1886

Report as birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this act, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

Report the birth to the Commissioner of Health, in the manner and within the period above required, and any such person who fails to do so shall be liable to a fine of ten (10) dollars for each infraction to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH ⁹⁰⁵¹⁶

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (~~state whether 1st, 2d, 3d, &c.~~)

1. Sex, (~~state whether male or female~~)

2. Race or Color, (~~if not of the white race~~)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,



Nov 8th 1886.
96 S. Locust St.
Mary M. Hopkins
Mary M. Frank
Baltimore City, Md.
Isiah C. Hopkins.
Salesman
Baltimore City, Md.
John J. C. Stedman, M.D.
273. Lexington St.

RETURN OF A BIRTH

90517

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8th

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Dec. 8 1886

4. Place of Birth, (Street and Number)

208 N Fayette St

5. Full Name of Mother,

Hennie Greif

6. Mother's Maiden Name,

Hennie Flushman

7. Mother's Birthplace,

Prall

8. Full Name of Father,

Levi Greif

9. Father's Occupation,

Clothier

10. Father's Birthplace,

Prall - Pa

Name of Medical Attendant, or other Person who makes this Return.

A B Flushman

Address,

Remarks,

report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

70518

any person or persons who shall heretofore fail to comply with the provisions of this section shall be subject to a fine of ten dollars, or to imprisonment for not more than thirty days, or to both such fine and imprisonment, at the discretion of the court. It is the policy of the Federal Government to encourage the adoption of such child to prevent its birth to the Board of Health, in his manner and within the period above provided, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall heretofore fail to comply with the provisions of this section shall be subject to a fine of ten dollars, or to imprisonment for not more than thirty days, or to both such fine and imprisonment, at the discretion of the court.

2

-

Henry Burston
211 Webster St

2011 October 5

2111 0.0502 57

RETURN OF A BIRTH ⁹⁰⁵¹⁹

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Dec 8th 1886

4. Place of Birth, (Street and Number)

#402 Sharp St

5. Full Name of Mother,

Ann J. Jones

6. Mother's Maiden Name,

Patterson

7. Mother's Birthplace,

Md

8. Full Name of Father,

Edward H. Jones

9. Father's Occupation,

Salesman

10. Father's Birthplace,

Md

Name of Medical Attendant, or other Person who makes this Return,

R. C. Lee

Address,

Hanover St

Remarks,

Persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

Report his birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH ⁹⁰⁵²⁸

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Second (2^d)

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

December 8th 1886

4. Place of Birth, (Street and Number)

No 173 Bank Street

5. Full Name of Mother,

Mrs. Emma B. Bristol

6. Mother's Maiden Name,

Mrs. Emma B. Hand

7. Mother's Birthplace,

Wilmington, Delaware

8. Full Name of Father,

Mrs. Harvey R. Bristol

9. Father's Occupation,

Bridge Builder

10. Father's Birthplace,

Wilmington

Name of Medical Attendant, or other Person who makes this Return.

Dr. C. C. Goodenough

Address,

No 102 N Broadway

Remarks,

who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 90521

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether male or female),

2. Race or Color (if not of the white race),

3. Date of Birth,

4. Place of Birth (Street and Number),

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

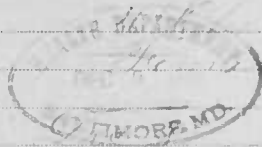
9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks,



who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (\$10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 90522

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex (state whether male or female), Male

2. Race or Color (if not of the white race), White

3. Date of Birth, 2 of Dec 1890

4. Place of Birth (Street and Number), 225 Baltimore

5. Full Name of Mother, Annie Schricener

6. Mother's Maiden Name, Annie Barthlin

7. Mother's Birthplace, Bamberg

8. Full Name of Father, August Schricener

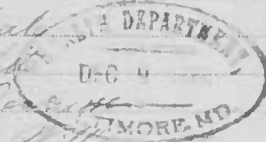
9. Father's Occupation, Laborer

10. Father's Birthplace, Bamberg

Name of Medical Attendant, or other person who makes this Return, Salome Grubbs

Address, 107 West St

Remarks,



RETURN OF A BIRTH 90523

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2*

1. Sex (state whether male or female), *Male*

2. Race or Color (if not of the white race), *White*

3. Date of Birth, *Nov 17 1897*

4. Place of Birth (Street and Number), *117 West St*

5. Full Name of Mother, *Theresa M. G. Miller*

6. Mother's Maiden Name, *Theresa C. Miller*

7. Mother's Birthplace, *Baltimore*

8. Full Name of Father, *William M. G. Miller*

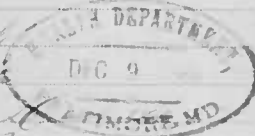
9. Father's Occupation, *Brick molder*

10. Father's Birthplace, *Baltimore*

Name of Medical Attendant, or other person who makes this Return, *Helena G. Miller*

Address, *117 West St*

Remarks,



who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offender, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 90524

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Second

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) Colored

3. Date of Birth (2.8.86)

4. Place of Birth, (Street and Number) Smith Street

5. Full Name of Mother, Elizabeth Henderson

6. Mother's Maiden Name, Brown

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Henry Henderson

9. Father's Occupation, Laborer

10. Father's Birthplace, Portugal

Name of Medical Attendant, or other Person who makes this Return. Oliver Steinbrenner, M.D.

Address, 144 Myrtle Avenue

Remarks,

Figures are given by the Compiler of Health in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 90525

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th



1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) W.

3. Date of Birth, Dec. 27 1886

4. Place of Birth, (Street and Number) 55 N. Patterson Street

5. Full Name of Mother, Mary J. Hendrick

6. Mother's Maiden Name, Taylor

7. Mother's Birthplace, Phila Pa

8. Full Name of Father, Wm H Hendrick

9. Father's Occupation, Clerk

10. Father's Birthplace, Ireland

Name of Medical Attendant, or other Person who makes this Return

J. B. Patterson
124 Broadway

Address,

Remarks,

Persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH ⁹⁰⁵²⁶

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, 9 Dec 1886

4. Place of Birth, (Street and Number) 977 Francis St

5. Full Name of Mother, Barbara McDaniel

6. Mother's Maiden Name, Barbara Lyon

7. Mother's Birthplace, Pohemia

8. Full Name of Father, John R McDaniel

9. Father's Occupation, Tailor

10. Father's Birthplace, Germany

Name of Medical Attendant, or other Person who makes this Return, May McFet

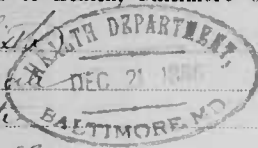
Address, 691 Washington St

Remarks, _____

RETURN OF A BIRTH ⁹⁰⁵²⁷

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st*
1. Sex, (state whether male or female) *Female*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *Dec 9 - 1886*
4. Place of Birth, (Street and Number) *421 Crow St*
5. Full Name of Mother, *Bertha Miller*
6. Mother's Maiden Name, *Hastings*
7. Mother's Birthplace, *Baltimore*
8. Full Name of Father, *Frederick Miller*
9. Father's Occupation, *Shoemaker*
10. Father's Birthplace, *Prussia*
- Name of Medical Attendant, or other Person who makes this Return, *Henry Knack*
- Address, *1018 South E. Carroll St*
- Remarks,



of persons who have been convicted of any offense under the provisions of this section, shall be subject to the fine of ten (10) dollars for each offense to be recovered in other suits and judgments are recoverable.

RETURN OF A BIRTH 90528

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex (state whether male or female), female

2. Race or Color (if not of the white race), white

3. Date of Birth, Dec. 9, 1886

4. Place of Birth (Street and Number), 506 Second St. Balt Co.

5. Full Name of Mother, Mary W. Brooks

6. Mother's Maiden Name, " " Ryan

7. Mother's Birthplace, Md.

8. Full Name of Father, Edwin H. Brooks

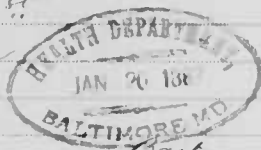
9. Father's Occupation, Merchant

10. Father's Birthplace, New Jersey

Name of Medical Attendant, or other person who makes this Return, G. Lane Samuels

Address, 922 Madison Ave

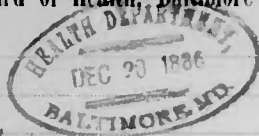
Remarks,



who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (\$10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 90529

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female) *Female.*

2. Race or Color, (if not of the white race) *Colored.*

3. Date of Birth, *November Thursday 9th 1886.*

4. Place of Birth, (Street and Number) *Nine St No. 774.*

5. Full Name of Mother, *Margaret Ann Brown.*

6. Mother's Maiden Name, *Margaret Ann Brown.*

7. Mother's Birthplace, *West. River, C. & A. County Md. D.*

8. Full Name of Father, *William Brown.*

9. Father's Occupation, *Coachman.*

10. Father's Birthplace, *Hartford County Md.*

Name of Medical Attendant, or other Person who makes this Return, *Melia Bank.*

Address, *No 917 N. Euteria St.*

Remarks,

RETURN OF A BIRTH, 90530

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

1. Child of Mother, (state whether 1st, 2d, 3d, &c.) 1
2. Sex (state whether male or female) Male
3. Race or Color, (if not of the white race) Caucasian
4. Date of Birth 9 of December
5. Place of Birth, (Street and Number) Baltimore Spring St 215
6. Full Name of Mother Lizzie Smith
7. Mother's Maiden Name Bessie Gray
8. Mother's Birthplace Baltimore
9. Full Name of Father George Smith
10. Father's Occupation Shackman
11. Father's Birthplace Baltimore
12. Name of Medical Attendant, or other Person who makes this Return. Anne Campbell
- Address Union Street, near corner
- Remarks Mother and child both



or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 40531

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, 9 Dec 1886

4. Place of Birth, (Street and Number) 586 Castle St

5. Full Name of Mother, Mrs. Struben

6. Mother's Maiden Name, Anna Kasek

7. Mother's Birthplace, Bohemia

8. Full Name of Father, John Struben

9. Father's Occupation, Teacher

10. Father's Birthplace, Bohemia

Name of Medical Attendant, or other Person who makes this Return, Dr. J. H. H. H.

Address, 694 Washington St

Remarks,

or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other laws and ordinances are recoverable.

RETURN OF A BIRTH ⁹⁰⁵³²

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *One Child*

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race) *Colored Race*

3. Date of Birth, *Dec 9 1887*

4. Place of Birth, (Street and Number) *Shades St*

5. Full Name of Mother, *Jane Medley*

6. Mother's Maiden Name, *Baltimore*

7. Mother's Birthplace, *Baltimore*

8. Full Name of Father, *Jane Medley*

9. Father's Occupation, *Baltimore*

10. Father's Birthplace, *Jane Medley*

Name of Medical Attendant, or other Person who makes this Return, *Lucinda Woodford*

Address, *130 Regester St*

Remarks, *130 Regester St*



of persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

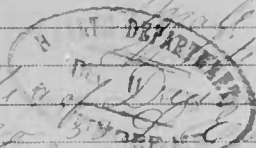
RETURN OF A BIRTH ⁹⁰⁵³³

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

This Child

1. Sex, (state whether male or female)

Female


2. Race or Color, (if not of the white race)

3. Date of Birth,

Sept 11 1886
No 314 St. Charles

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

Ella Mahon

6. Mother's Maiden Name,

Ella Ward

7. Mother's Birthplace,

Ireland

8. Full Name of Father,

James Mahon

9. Father's Occupation,

Hotel

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return.

Mrs Ch. Sauer

Address,

No 1059 Maryland Ave

Remarks,

Baltimore Md

1886

RETURN OF A BIRTH.

90534

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Second

1. Sex (state whether Male or Female)

Male

2. Race or Color (if not of the white race)

White

3. Date of Birth

December 9th

4. Place of Birth (Street and Number)

Gen No 1705, old No 355 216

5. Full Name of Mother

Annie M. Thiemeyer

6. Mother's Maiden Name

Hille

7. Mother's Birthplace

Baltimore, Md

8. Full Name of Father

Charles H. Thiemeyer

9. Father's Occupation

Bookkeeper

10. Father's Birthplace

Germany

Name of Medical Attendant, or other Person who makes this Return.

James A. Groatney, M.D.

Address

811 N. Gilmer St.

Remarks



of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH 90536

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,

REPORT TO BE MADE TO THE COMMISSIONER OF HEALTH, IN THE MANNER AND WITHIN THE PERIOD ABOVE REQUIRED, AND ANY SUCH PERSON OR PERSONS WHO SHALL HEREAFTER FAIL TO COMPLY WITH THE PROVISIONS OF THIS SECTION, SHALL BE SUBJECT TO THE FINE OF TEN (10) DOLLARS FOR EACH OFFENSE TO BE RECOVERED AS OTHER FINES AND FORFEITURES ARE RECOVERABLE.

RETURN OF A BIRTH 90536

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st.

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

310 S. Fremont st.

4. Place of Birth, (Street and Number)

December 9th

5. Full Name of Mother,

Mary Roth

6. Mother's Maiden Name,

" Brandt

7. Mother's Birthplace,

Germany

8. Full Name of Father,

Emil Roth

9. Father's Occupation,

Machinist

Father's Birthplace,

Balto.

Name of Medical Attendant, or other Person who makes this Return.

C. L. Borden

Address,

166 S. Paca st.

Remarks,

or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH ^{905.37}

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.) 6th

1. Sex, (state whether male or female) male

2. Race or Color, (if not of the white race) Colored

3. Date of Birth, December 9th

4. Place of Birth, (Street and Number) 608 Sarakom St

5. Full Name of Mother, Marta Wilson

6. Mother's Maiden Name, Bonds

7. Mother's Birthplace, Frederick Md

8. Full Name of Father, John Wilson

9. Father's Occupation, Waiter

10. Father's Birthplace, Washington D.C.

Name of Medical Attendant, or other Person who makes this Return, Anne Johnson

Address, #0 110 Tyron street

Remarks,



or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other laws and ordinances are recoverable.

the Commissioner of Health, in the manner and within the period above required, and any such person or persons who fail to do so, or who fail to file this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered, as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 90538

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2nd
Female

1. Sex (state whether male or female),

2. Race or Color (if not of the white race),

3. Date of Birth,

Dec 7

4. Place of Birth (Street and Number),

1. 258 W. 6th St.

5. Full Name of Mother,

Kate Hassler

6. Mother's Maiden Name,

Young

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

George Hassler

9. Father's Occupation,

Wagon maker

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other person who makes this Return.

Mrs Mary Allaway

Address,

724 E. Lombard St.

Remarks,



RETURN OF A BIRTH, 90539

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



1. of Child of Mother, (state whether 1st, 2d, 3d, &c.) third
1. Sex (state whether male or female) female
2. Race or Color, (if not of the white race) colored
3. Date of Birth December 9.
4. Place of Birth, (Street and Number) Balti. 1522 East Mullickin
5. Full Name of Mother Francis Parker
6. Mother's Maiden Name Francis G. Harris
7. Mother's Birthplace Baltimore
8. Full Name of Father Edward Parker
9. Father's Occupation Cann Maker
10. Father's Birthplace Washington
11. Name of Medical Attendant, or other Person who makes this return. Harriet Britton
- Address 1418 Hollond St
- Remarks

RETURN OF A BIRTH 90540

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY. Dec 15th 1886

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.)

5th Child

1. (state whether male or female)

Male

2. Race or Color, (if not of the white race)

Colored

3. Date of Birth,

Dec 9th 1886

4. Place of Birth, (Street and Number)

R. 151 John Alley

5. Full Name of Mother.

Mrs Mary Fizzie Turner

6. Mother's Maiden Name,

Miss Kinard

7. Mother's Birthplace,

Washington D. C.

8. Full Name of Father.

Conway Gipsin Brown

9. Father's Occupation,

Porter on the A. C. R. R.

10. Father's Birthplace.

Doverlan County Virginia

Name of Medical Attendant,

or other Person who makes this Return

Mrs Rosetta Cross

Address,

210 5th Benkins Alley

Remarks,

Absent.



within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offense, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH ⁹⁰⁵⁴¹

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

9 DEC 1886

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

Color

3. Date of Birth.

Dec 9 1886

4. Place of Birth, (Street and Number)

Gloomy

5. Full Name of Mother.

Mrs. West

6. Mother's Maiden Name.

Mrs. Robinson

7. Mother's Birthplace.

Baltimore

8. Full Name of Father.

William Robinson

9. Father's Occupation.

Cyter

10. Father's Birthplace.

Baltimore

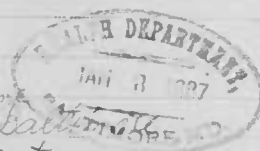
Name of Medical Attendant, or other Person who makes this return

Mrs. Lizzie Cornish

Address.

81 Gloomy Lane

Remarks.



who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 90542

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Edward Forrest Jones

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

10

1. Sex (state whether male or female),

Male

2. Race or Color (if not of the white race),

3. Date of Birth,

Dec 9 - 1886

4. Place of Birth (Street and Number),

518 S. Chappel St.

5. Full Name of Mother,

Christina Jones

6. Mother's Maiden Name,

Bloodgood

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Harry J. Jones

9. Father's Occupation,

Laborer

10. Father's Birthplace,

Baltimore

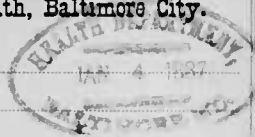
Name of Medical Attendant, or other person who makes this Return.

Mary Shin

Address,

1427 E. Pratt St.

Remarks,



or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH ⁹⁰⁵⁴³

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1 Child.

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

3. Date of Birth,

Dec 9th 1887

4. Place of Birth, (Street and Number)

No 89 Mulberry St

5. Full Name of Mother,

Barbara Kessel

6. Mother's Maiden Name,

" " Bassel

7. Mother's Birthplace,

Gerachdick Prussia

8. Full Name of Father,

Frederick Kessel

9. Father's Occupation,

Printer

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return.

Annie S. Williams

Address,

No 100 S. Williams St.

Remarks,



within the period above required, except in the case of the birth of a child, the death of a person, and any person or persons who shall hereafter fail to comply with the provisions of this act, shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH ⁹⁰⁸⁴⁴

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1

1. Sex, (state whether male or female).

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Dec. 9th

4. Place of Birth, (Street and Number)

2040 G. St.

5. Full Name of Mother,

Harriet Booz

6. Mother's Maiden Name,

Johnson

7. Mother's Birthplace,

City

8. Full Name of Father,

William Booz

9. Father's Occupation,

Book Keeper

10. Father's Birthplace,

City

Name of Medical Attendant, or other Person who makes this Return

Edw. Jones M.D.

Address,

1823 G. St. Baltimore

Remarks,



RETURN OF A BIRTH 90545

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2 Child

1. Sex, (state whether male or female)

Little Girl

2. Race or Color, (if not of the white race)

White race

3. Date of Birth,

Born 10th of December 1886

4. Place of Birth, (Street and Number)

No. 2233 West Pratt St

5. Full Name of Mother,

Mrs. Echerl

6. Mother's Maiden Name,

Mrs. Emma Butler

7. Mother's Birthplace,

West Prussian Germany

8. Full Name of Father,

Mrs. Julius Echerl

9. Father's Occupation,

Laborer

10. Father's Birthplace,

Baden Germany

Name of Medical Attendant, or other Person who makes this Return.

Mrs. Hiller

Address,

1011 West Pratt St

Remarks,

or person who shall hereafter call to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other laws and ordinances are recoverable.

RETURN OF A BIRTH 90546

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, 10 Dec 1886

4. Place of Birth, (Street and Number) 218 N. W. Lexington St

5. Full Name of Mother, Seana Wagner

6. Mother's Maiden Name, Seana Wagner

7. Mother's Birthplace, America

8. Full Name of Father, Fred Wagner

9. Father's Occupation, Shoemaker

10. Father's Birthplace, Ireland

Name of Medical Attendant, or other Person who makes this Return, Mary T. T. T.

Address, 69 N. Lexington St

Remarks,

RETURN OF A BIRTH 90547

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st child

1. Sex, (state whether male or female) girl

2. Race or Color, (if not of the white race) white

3. Date of Birth, December 11, 1907

4. Place of Birth, (Street and Number) Little Steeple

5. Full Name of Mother, Ellen Williams

6. Mother's Maiden Name, Ellen Williams

7. Mother's Birthplace, Baltimore Md.

8. Full Name of Father, John W. Williams

9. Father's Occupation, Baltimore Md.

10. Father's Birthplace, Baltimore Md.

Name of Medical Attendant, or other Person who makes this Return, Mrs. Bange

Address, 741 Carroll St.

Remarks,



or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH ⁹⁰⁵⁴⁸

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female) *Female*

2. Race or Color, (if not of the white race) *Colored*

3. Date of Birth, *Dec 10th 1884*

4. Place of Birth, (Street and Number) *141 Johns Alley*

5. Full Name of Mother, *Ellen Dancy*

6. Mother's Maiden Name, *Ellen Jefferson*

7. Mother's Birthplace, *Baltimore City*

8. Full Name of Father, *Samuel Dancy*

9. Father's Occupation, *Brick maker*

10. Father's Birthplace, *Baltimore City*

Name of Medical Attendant, or other Person who makes this Return, *Melia Bank*

Address, *129 1/2 N. Eutan St*

Remarks,



RETURN OF A BIRTH 90549

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3th
1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) white
3. Date of Birth, December 10th 1884
4. Place of Birth, (Street and Number) Baltimore Howard St 61054
5. Full Name of Mother, Mollie Lullatt
6. Mother's Maiden Name, Wiley
7. Mother's Birthplace, Baltimore
8. Full Name of Father, George H. Lullatt
9. Father's Occupation, seaman
10. Father's Birthplace, Albany New York
- Name of Medical Attendant, or other Person who makes this Return, Elizabeth Kalthorn
- Address, 1141 N. 15th St
- Remarks,

of persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 90550

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

6^c

1. Sex, (state whether male or female)

White

2. Race or Color, (if not of the white race)

3. Date of Birth,

Feb 10/1896

4. Place of Birth, (Street and Number)

56 S. Street

5. Full Name of Mother,

Emma Ennis

6. Mother's Maiden Name,

" Lipeon

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Wm Ennis

9. Father's Occupation,

Mechanic

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return.

W. J. Spencer

Address,

38 W. Lombard

Remarks,

or persons who shall hereafter fail to comply with the provisions of this act, shall be subject to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 90551

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether male or female),

2. Race or Color (if not of the white race),

3. Date of Birth,

4. Place of Birth (Street and Number),

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

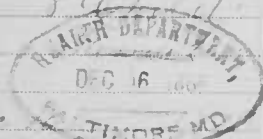
9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks,



231 Baltimore Ave.
Mary Solomon
Zwischler
America
Anna Solomon
L. Solomon
America
L. Solomon
America

231 Kinross St.

RETURN OF A BIRTH 90552

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female) male

2. Race or Color, (if not of the white race) white

3. Date of Birth, 10 Dec 1886

4. Place of Birth, (Street and Number) 5218 Gardine

5. Full Name of Mother, Trancy Schier

6. Mother's Maiden Name, Trancy Dolegal

7. Mother's Birthplace, Bohemia

8. Full Name of Father, Anton Schier

9. Father's Occupation, Laborer

10. Father's Birthplace, Bohemia

Name of Medical Attendant, or other Person who makes this Return, Mary Koptuch

Address, 1111 Washington St

Remarks,



RETURN OF A BIRTH.

90553

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race)

3. Date of Birth

4. Place of Birth (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

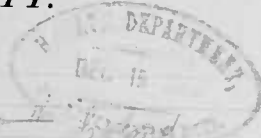
9. Father's Occupation

Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks



Female
December 10th
Baltimore St number 2017
Rosa Benson
Rosa Bell
Manchester, Pa
J. J. Benson
J. J. Benson
Baltimore Md
J. J. Benson
540 N. Broad St

RETURN OF A BIRTH ⁹⁰⁵³⁴

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) Boy

2. Race or Color, (if not of the white race) White

3. Date of Birth, 10 December

4. Place of Birth, (Street and Number) 226 Ann Street

5. Full Name of Mother, Emmi Worniak

6. Mother's Maiden Name, Luborowski

7. Mother's Birthplace, Wongrowice Germany

8. Full Name of Father, Ludwig Luborowski

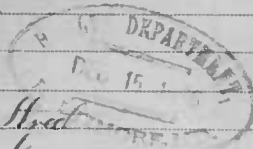
9. Father's Occupation,

10. Father's Birthplace, Janowice

Name of Medical Attendant, or other Person who makes this Return, Maria Githner

Address, 245 S. Wolf Street

Remarks,



or persons who shall hereafter fail to comply with the provisions of this section, shall be subject to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 90555

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

December 10

4. Place of Birth, (Street and Number)

1112 Sanson Street

5. Full Name of Mother,

Louise, Elvira, Bakeman

6. Mother's Maiden Name,

Borgealt

7. Mother's Birthplace,

Baltimore City

8. Full Name of Father,

Francis B. Bakeman

9. Father's Occupation,

Paperhanger

10. Father's Birthplace,

Baltimore City

Name of Medical Attendant, or other Person who makes this Return

Mrs Hunter

Address,

21223 N. Poppleton St

Remarks,

or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other laws and ordinances are recoverable.

RETURN OF A BIRTH *90557*

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Third child*

1. Sex, (state whether male or female) *Female*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *10 December 1886*

4. Place of Birth, (Street and Number) *158 Ballington St*

5. Full Name of Mother, *Mary Munnzel*

6. Mother's Maiden Name, *Riebel*

7. Mother's Birthplace, *Germany*

8. Full Name of Father, *Peter Munnzel*

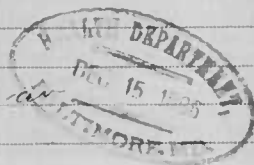
9. Father's Occupation, *Baker*

10. Father's Birthplace, *Baltimore*

Name of Medical Attendant, or other Person who makes this Return. *Mrs Wiley*

Address, *10611 Patterson Park*

Remarks,



For persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

DEPARTMENT
15
OFFICE

Beano
L. 1000

- Remarks,

RETURN OF A BIRTH 90558

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

5 Children

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

December 10 1886

4. Place of Birth, (Street and Number)

43 Popplem Street

5. Full Name of Mother,

Susan Varina

6. Mother's Maiden Name,

Susan Hunter

7. Mother's Birthplace,

Baltimore City

8. Full Name of Father,

Richard E. Varina

9. Father's Occupation,

Commissioner, Merchant

10. Father's Birthplace,

Baltimore City

Name of Medical Attendant, or other Person who makes this Return

Susan Hunter

Address,

21 North Popplem Street

Remarks,

or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

Report its birth in the Commissioner of Health, in the manner and within the period above required, and for each person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected in the fine of ten (10) dollars for each offence to be recovered as other laws and forfeitures are recoverable.

RETURN OF A BIRTH ⁹⁰⁵⁵⁹

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

6th.

1. Sex, (state whether male or female)

male
White
BALTIMORE MD

2. Race or Color, (if not of the white race)

3. Date of Birth,

Dec. 10, 1886

4. Place of Birth, (Street and Number)

741 Luzerne St.

5. Full Name of Mother,

Annie Culch

6. Mother's Maiden Name,

Annie Hoffmann

7. Mother's Birthplace,

Balto

8. Full Name of Father,

Joseph Culch

9. Father's Occupation,

Engineer

10. Father's Birthplace,

Germany

Name of Medical Attendant, or other Person who makes this Return.

Marshall Swaine

Address,

726 Luzerne

Remarks,

RETURN OF A BIRTH ⁹⁰⁵⁶⁰

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *3rd*

1. Sex, (state whether male or female) *Female*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *Dec. 10, 1886*

4. Place of Birth, (Street and Number) *721 Rowe St.*

5. Full Name of Mother, *Sara Virginia Adams*

6. Mother's Maiden Name, *Sara Virginia Wall*

7. Mother's Birthplace, *Balto.*

8. Full Name of Father, *Thomas Adams*

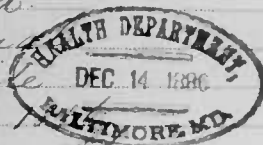
9. Father's Occupation, *Seaborer*

10. Father's Birthplace, *Anne Arundel Co.*

Name of Medical Attendant, or other Person who makes this Return, *Mary S. Swayer*

Address, *721 Suzanne St.*

Remarks,



Report the birth to the Commissioner of Health in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this act, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH ⁹⁰⁵⁶¹

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) ^{Page 6 Dec 1894 1896} 1

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, Birth Dec 10th 1896

4. Place of Birth, (Street and Number) 1731 E. Park St.

5. Full Name of Mother, Katie Bachmann

6. Mother's Maiden Name, Katie Schuch

7. Mother's Birthplace, America

8. Full Name of Father, Markus Bachmann

9. Father's Occupation, Doctor

10. Father's Birthplace, Germany

Name of Medical Attendant, or other Person who makes this Return, Dr. Mary Conrad

Address, C. 117 412 South Wolfe St

Remarks, A

Report for the Registrar of Vital Statistics, in this manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 90562

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks.

12th
White Male
White
10th October 13 91
84 S. Poffleton St.
Catherine M. Poffleton
Catherine M. Poffleton
Ireland
James C. Poffleton
Mechanic
Ireland
M. C. Poffleton
113 S. Poffleton St.

90563

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)..... 2

1. *Sex*, (state whether male or female)

2. Race or Color, (if not of the white race)

3. *Date of Birth*

4. *Place of Birth, (Street and Number)*

5. Full Name of Mother,

6. *Mother's Maiden Name.*

7. *Mother's Birthplace,*

8. *Full Name of Father,*

9. *Father's Occupation,*

10. *Father's Birthplace,*

Name of Medical Attendant, or other Person who makes this Return.

Address,...

Remarks.

any person who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 90564

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

One

1. ☒ (state whether male or female)

Female Colored

2. Race or Color, (if not of the white race)

Colored

3. Date of Birth,

Dec 10

4. Place of Birth, (Street and Number)

No 817 Sterling St

5. Full Name of Mother

Mary Miller

6. Mother's Maiden Name,

Mary millar

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

John Williams

9. Father's Occupation,

Labor

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return

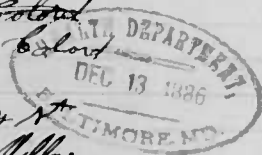
Elizabeth Doyle

Address,

114 Sterling St

Remarks,

Baltimore



RETURN OF A BIRTH 90565

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *12th*
1. Sex, (state whether male or female) *Female*
2. Race or Color, (if not of the white race) *white*
3. Date of Birth, *Dec 10 86*
4. Place of Birth, (Street and Number) *34 S W Gay St*
5. Full Name of Mother, *Amelia Gordon Graham*
6. Mother's Maiden Name, *Baldy*
7. Mother's Birthplace, *Baltimore*
8. Full Name of Father, *Henry E. Graham*
9. Father's Occupation, *Shurmaker*
10. *Mother's* Birthplace, *Baltimore*
- Name of Medical Attendant, or other Person who makes this Return *Irring Miller M.D.*
- Address, *1207 E. Monument St*
- Remarks,



RETURN OF A BIRTH ⁴⁰⁵⁶⁶

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) male

2. Race or Color, (if not of the white race) white

3. Date of Birth, December

4. Place of Birth, (Street and Number) 2104 Bank St.

5. Full Name of Mother, Jane Sheedance

6. Mother's Maiden Name, Jane Scott

7. Mother's Birthplace, Baltimore

8. Full Name of Father, John G. Sheedance

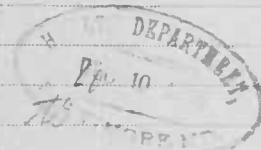
9. Father's Occupation, Carpenter

10. Father's Birthplace, Richmond, Va.

Name of Medical Attendant, or other Person who makes this Return Dr. Clark

Address, 1741 Park Ave.

Remarks, 241 1000



RETURN OF A BIRTH ⁹⁰⁵⁶⁷

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *6d*

1. Sex, (state whether male or female) *male*

2. Race or Color, (if not of the white race) *Colored*

3. Date of Birth, *10th Dec 1886*

4. Place of Birth, (Street and Number) *No 911 London st Baltimore and city*

5. Full Name of Mother, *Mary M Green*

6. Mother's Maiden Name, *Mary M Haynes*

7. Mother's Birthplace, *Richmond County Va*

8. Full Name of Father, *Willie M Green*

9. Father's Occupation, *Steward + Cotton*

10. Father's Birthplace, *Richmond County Va*

Name of Medical Attendant, or other Person who makes this return, *Dr. J. M. Johnson*

Address, *1710 Johnson st*

Remarks,



or persons who shall hereafter fail to comply with the provisions of this act, shall be subjected to the fine of ten (10) dollars for each offense; to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 90568

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *First Child*
1. Sex, (state whether male or female) *Female*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *Tenth Day of December*
4. Place of Birth, (Street and Number) *953 Third St. Bk. Ave.*
5. Full Name of Mother, *Mary Gimbel*
6. Mother's Maiden Name, *Mary Thune*
7. Mother's Birthplace, *Hailer Carhusen*
8. Full Name of Father, *Henry Gimbel*
9. Father's Occupation, *Cabinet Maker*
10. Father's Birthplace, *Shiffelhorn Carhusen*
- Name of Medical Attendant, or other Person who makes this Return *Mrs. W. Wänne Midwife*
- Address, *10 Pearl St.*
- Remarks,

or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 90569

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8
1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth, 10th of November
4. Place of Birth, (Street and Number) 25 E. Lombard St.
5. Full Name of Mother, Elizabeth Norwick
6. Mother's Maiden Name, Will
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Louis Norwick
9. Father's Occupation, Ice-cart Driver
10. Father's Birthplace, Baltimore
- Name of Medical Attendant, or other Person who makes this Return, Sarah Gaspar
- Address, 72 E. Lombard
- Remarks,

Report made to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 90570

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2
1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, 10th December 1887
4. Place of Birth, (Street and Number) 3018 Hudson St
5. Full Name of Mother, Ellen Hallenburger
6. Mother's Maiden Name, Ellen Taylor
7. Mother's Birthplace, Balt. City
8. Full Name of Father, Stephen Hallenburger
9. Father's Occupation, Cabman
10. Father's Birthplace, Carroll Co. Md
- Name of Medical Attendant, or other Person who makes this Return, Mrs Sarah Sellers
- Address, 1029 Leary St Canton
- Remarks,

Persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 90571

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *4th*
1. Sex (state whether male or female), *Female*
2. Race or Color (if not of the white race), *White*
3. Date of Birth, *On the 1st JAN 1 1887*
4. Place of Birth (Street and Number), *1138 Cross St*
5. Full Name of Mother, *Lizzie Israel*
6. Mother's Maiden Name, *Lizzie Israel*
7. Mother's Birthplace, *Germany*
8. Full Name of Father, *George Israel*
9. Father's Occupation, *Glass cutter*
10. Father's Birthplace, *Baltimore*
- Name of Medical Attendant, or other person who makes this Return, *Miss Mary A. ...*
- Address, *1000 Seadenhall St.*
- Remarks,

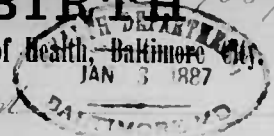


who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

90572

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2d

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

3. Date of Birth,

10th Dec 1876

4. Place of Birth, (Street and Number)

1133 Fort Ave

5. Full Name of Mother,

Ida Kennedy

6. Mother's Maiden Name,

Carver

7. Mother's Birthplace,

Germany

8. Full Name of Father,

Joseph Kennedy

9. Father's Occupation,

Laborer

10. Father's Birthplace,

Germany

Name of Medical Attendant, or other Person who makes this Return.

Elizabeth Jewell

Address,

516 Fort Ave

Remarks,

report his birth to the Registrar of Vital Statistics, Baltimore City, within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this act, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 90873

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *3rd Child*

1. Sex (state whether male or female),

2. Race or Color (if not of the white race), *White*

3. Date of Birth, *December 1st, 1886*

4. Place of Birth (Street and Number), *N. Bond St. No. 236 new.*

5. Full Name of Mother, *Jadie Meeker*

6. Mother's Maiden Name, *Jadie Younger*

7. Mother's Birthplace, *Balt^o City*

8. Full Name of Father, *Daniel L. Meeker*

9. Father's Occupation, *Type Case*

10. Father's Birthplace, *Balt^o City*

Name of Medical Attendant, or other person who makes this Return, *Mary E. Muller*

Address, *N. Dallas St. No. 116 new*

Remarks,

who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 90574

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

First.

1. Sex, (state whether male or female).

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Dec. 10th 1886

4. Place of Birth, (Street and Number)

Maternity, 113 & 115 W. Lombard St.

5. Full Name of Mother,

Jane Waparth,

6. Mother's Maiden Name,

Jane Gallier

7. Mother's Birthplace,

England,

8. Full Name of Father,

John Waparth,

9. Father's Occupation,

Labor,

10. Father's Birthplace,

England.

Name of Medical Attendant, or other Person who makes this Return

C. F. Cunningham, M.D.

Address,

113 & 115 W. Lombard St.

Remarks,

Persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 90575

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8

1. Sex (state whether male or female), Female

2. Race or Color (if not of the white race),

3. Date of Birth,

4. Place of Birth (Street and Number), Dec 196
No 186 Madeira Alley

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks,

Baltimore
Andrew Klein
Labourer
Baltimore
Mrs Louise Kraft
No 405 S Washington St.

The Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this act, shall be liable to a fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 90576

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8th.

1. Sex (state whether male or female),

Male

2. Race or Color (if not of the white race),

Colored

3. Date of Birth,

December 11th. 1886

4. Place of Birth (Street and Number),

No 126. N. Spring St.

5. Full Name of Mother,

Lusia Meets

6. Mother's Maiden Name,

Lusia Johnson

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

John Meets

9. Father's Occupation,

Porter

10. Father's Birthplace,

Virginia

Name of Medical Attendant, or other person who makes this Return.

M. A. Butt.

Address,

185 S. E. cor Central av. & Monument St.

Remarks,

647 All Well.

This is to certify that the foregoing is a true and correct copy of the original as filed in the Office of the Registrar of Vital Statistics, Baltimore City, and that any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 90577

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name of child: *Nicholas Ernest Brader*
 No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *9th.*
 1. Sex (state whether male or female), *Male*
 2. Race or Color (if not of the white race), *White*
 3. Date of Birth, *December 11th. 1886*
 4. Place of Birth (Street and Number), *76. Somerset St.*
 5. Full Name of Mother, *Margreta Brader*
 6. Mother's Maiden Name, *Margeta Markel*
 7. Mother's Birthplace, *Germany.*
 8. Full Name of Father, *Henry Brader*
 9. Father's Occupation, *Carpenter*
 10. Father's Birthplace, *Germany.*
 Name of Medical Attendant, or other person who makes this Return. *A. A. Butt.*
 Address, *185 S.E. cor Central av. & Monument St.*
 Remarks, *647 All Well*

RETURN OF A BIRTH 90578

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- Na. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th.
1. Sex (state whether male or female), Male
 2. Race or Color (if nat of the white race), White
 3. Date of Birth, December 11th. 1886
 4. Place of Birth (Street and Number), 240. N. Wolf St.
 5. Full Name of Mother, Florence Brooks
 6. Mother's Maiden Name, Florence Brady
 7. Mother's Birthplace, Baltimore
 8. Full Name of Father, Sam. Brooks.
 9. Father's Occupation, Painter.
 10. Father's Birthplace, Annapolis.
- Name of Medical Attendant, or other person who makes this Return. M. A. Butt
- Address, 185 S.E. cor Center av. & Monument St.
- Remarks, 647 Will

who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 90579

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, 11th of Dec 1886

4. Place of Birth, (Street and Number) 1562 Mc Elder St.

5. Full Name of Mother, Annie Wilson

6. Mother's Maiden Name, "Bacon"

7. Mother's Birthplace, Baltimore

8. Full Name of Father, James Wilson

9. Father's Occupation, Laborer

10. Father's Birthplace, Eastern

Name of Medical Attendant, or other Person who makes this Return, Mrs. Wallis

Address, 2512 Curline St.

Remarks,

Report in birth in the Compendium of Health, in the manner and within the period here required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (\$10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 90580

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) Colored

3. Date of Birth, Dec 11th

4. Place of Birth, (Street and Number) 33. Lombard St.

5. Full Name of Mother, Frankie Hayward

6. Mother's Maiden Name, Calvert - Estlin's Smith

7. Mother's Birthplace, Calvert - Calvert

8. Full Name of Father, Robert Hayward

9. Father's Occupation, Painter

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return Wm. H. Blake

Address, 226 Easton St.

Remarks, Healthy baby

(OVER)



RETURN OF A BIRTH 90581

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether male or female),

2. Race or Color (if not of the white race),

3. Date of Birth,

4. Place of Birth (Street and Number),

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return.

Address,

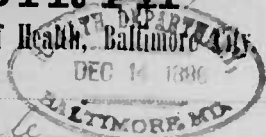
Remarks,



who shall hereafter fail to comply with the provisions of this act, and any such person or persons shall be liable to a fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH ⁹⁰⁸⁵²

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st*

1. Sex, (state whether male or female)

female

2. Race or Color, (if not of the white race)

white

3. Date of Birth,

Dec. 11, 1886

4. Place of Birth, (Street and Number)

1119 State St.

5. Full Name of Mother,

Helen Virginia Sebrun

6. Mother's Maiden Name,

Helen Virginia Robinson

7. Mother's Birthplace,

Balto.

8. Full Name of Father,

George Andrew Sebrun

9. Father's Occupation,

Boiler maker

10. Father's Birthplace,

Balto.

Name of Medical Attendant, or other Person who makes this Return,

Mary J. Swaine

Address,

726 Luzerne St.

Remarks,

report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person who fails to do so, or who makes a false statement, or who neglects to procure the necessary signatures, shall be liable to a fine of ten (\$10) dollars for each offence.

RETURN OF A BIRTH 90583

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

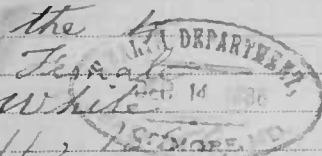
9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,



or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 90884

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d
1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) _____
3. Date of Birth, 11 Dec 1896
4. Place of Birth, (Street and Number) 423 Cross St
5. Full Name of Mother, Virginia Dudley
6. Mother's Maiden Name, Starr
7. Mother's Birthplace, Baltimore
8. Full Name of Father, John Dudley
9. Father's Occupation, Laborer
10. Father's Birthplace, Baltimore
- Name of Medical Attendant, or other Person who makes this Return, Elizabeth Howell
- Address, 516 Front Ave
- Remarks, This child is very small weak in spines

Reportable birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall thereafter fail to comply with the provisions of this act, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 90555

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st Child

1. Sex (state whether male or female),

2. Race or Color (if not of the white race), White

3. Date of Birth, December the 11, 1886

4. Place of Birth (Street and Number), Canton St. No. 1708

5. Full Name of Mother, Johanna Arnold

6. Mother's Maiden Name, Johanna Schaeppel

7. Mother's Birthplace, Geslempine. V. Preussen. Germany

8. Full Name of Father, Charles Arnold

9. Father's Occupation, Schiffer

10. Father's Birthplace, Wilhelmskafen. V. Preussen. Germany

Name of Medical Attendant, Mary E. Müller
or other person who makes this Record.

Address, N. Dallas St. No. 114 new

Remarks,



Not to be used for any purpose other than the registration of births, deaths, and marriages, and any such person or persons who shall hereafter fail to comply with the provisions of this act, shall be liable to a fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 90586

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd Child

1. Sex (state whether male or female),

2. Race or Color (if not of the white race), White

3. Date of Birth, December the 11, 1886

4. Place of Birth (Street and Number), S. Bond St. No. 732 new

5. Full Name of Mother, Elisabethe Meinicke

6. Mother's Maiden Name, Elisabethe Müller

7. Mother's Birthplace, Baltimore

8. Full Name of Father, August Meinicke

9. Father's Occupation, Laborer

10. Father's Birthplace, Braunschweig Herz. Braunschweig, Germany

Name of Medical Attendant, Mary E. Müller

Address, N. Dallas St. No. 114 new

Remarks,



See Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 90557

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether male or female),

2. Race or Color (if not of the white race),

3. Date of Birth, 11 day of December

4. Place of Birth (Street and Number), No 352 S. Edwards

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks,



who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,

First,
Male.

Black

Dec. 11th 1886

1134 115 W. Lombard St

Ida. Gilbert,

Pa.

Pennsylvania

J. F. Quirk M.D.

1134 115 W. Lombard St

Each of the persons who are the Registrar of Health, in the manner and within the period above required, and any such person or persons who shall be negligent in complying with the provisions of this section, shall be subject to the fine of ten (10) dollars for each offense to be recovered as other laws and ordinances are recoverable.

RETURN OF A BIRTH 00589

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex (state whether male or female), Female

2. Race or Color (if not of the white race),

3. Date of Birth, Dec 11 - 1886

4. Place of Birth (Street and Number), N. W. corner Grand St. & Howard

5. Full Name of Mother, Sophia Parker

6. Mother's Maiden Name, Zachary

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Wm. Parker

9. Father's Occupation, Dr's Office

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Mary Shinn

Address, 1427 E Pratt St.

Remarks,

who shall hereafter fail to comply with the provisions of this act, shall be liable to a fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

First

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Dec 11. 86

4. Place of Birth, (Street and Number)

Ed. No 124 Harford St

5. Full Name of Mother,

Lusanna Boyd

6. Mother's Maiden Name,

Sevier

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

James Boyd

9. Father's Occupation,

Boiler Maker

10. Father's Birthplace,

Antietam

Name of Medical Attendant, or other Person who makes this Return

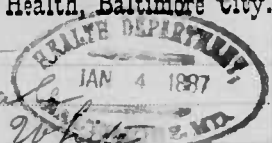
Sarah R. Sevier

Address,

No 50. Hoffman St. Old Number

Remarks,

Mother & Baby well named Caroline



should be returned to the Registrar of Vital Statistics, Board of Health, Baltimore City, within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of not more than \$100, or imprisonment for not more than 30 days, or both, at the discretion of the Court.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether male or female),
2. Race or Color (if not of the white race),

3. Date of Birth,

4. Place of Birth (Street and Number),

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks,

Who, the Registrar fail to comply with the provisions of this section shall be subjected to the fine of ten (\$10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 90592

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 14th

1. Sex (state whether male or female), male

2. Race or Color (if not of the white race), white

3. Date of Birth, Dec 12th

4. Place of Birth (Street and Number), 34 Ridgely St

5. Full Name of Mother, Alma H. Wursh

6. Mother's Maiden Name, Alma H. Brumsted

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Martin Wursh

9. Father's Occupation, Journalist

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Hellegona Stoffer

Address, Ave. No. 529 Calvernia Ave

Remarks,

to be filled out by the Registrar of Health, in the presence and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this act shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 90593.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. Sex, (state whether male or female) Female.

2. Race or Color, (if not of the white race) White.

3. Date of Birth, 12th of Dec. 1886.

4. Place of Birth, (Street and Number) 47 Essex Street.

5. Full Name of Mother, Mary Harflin.

6. Mother's Maiden Name, "J. Smith.

7. Mother's Birthplace, Baltimore.

8. Full Name of Father, C. Harflin.

9. Father's Occupation, Linen.

10. Father's Birthplace, Baltimore.

Name of Medical Attendant, or other Person who makes this Return, Mary Holt.

Address, 25 N. Conshohocken St.

Remarks,

Report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other dues and forfeitures are recoverable.

RETURN OF A BIRTH 90594

Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

of Mother, (state whether 1st, 2d, 3d, &c.) *First Child*

whether male or female) *Female*

color, (if not of the white race) *White*

Birth, *12th December Year 1886*

Birth, (Street and Number) *187 Prusslan Street*

of Mother, *Elizabeth W. Pickwien*

Maiden Name, *Elizabeth W. Hinz*

Birthplace, *Baltimore, Md.*

of Father, *John A. Pickwien*

Occupation, *Blacksmith*

Birthplace, *Baltimore, Md.*

Medical Attendant, or other Person who makes this Return. *Mrs Julia Groen*

940 N Gay St

RETURN OF A BIRTH 90595

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY. Dec 22d 1896

- No. of Child of Mother. (state whether 1st, 2d, 3d, &c.) 8th Child
1. Sex (state whether male or female) male
2. Race or Color, (if not of the white race) colored
3. Date of Birth, Dec 12th 1896
4. Place of Birth, (Street and Number) Leinster alley No 1716
5. Full Name of Mother, Mary Ann Robinson
6. Mother's Maiden Name, Miss Anna Monroe
7. Mother's Birthplace, Rich mond Co Virginia
8. Full Name of Father, Thomas Robinson
9. Father's Occupation, Laboring Work
10. Father's Birthplace, Ridgely Md
- Signature of Medical Attendant, or other Person who makes this Return Mrs Rose H. Brown
- Address, No 57 Denning alley
- Remarks, absent

1. In the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (\$10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

CIVIL NAME ADDED 11-6-51
RETURN OF A BIRTH 90596

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Joseph Askey Wheritt 2/16
No. of Child of Mother (state whether 1st, 2d, 3d, &c.)
1. Sex (state whether male or female), Male
2. Race or Color (if not of the white race),
3. Date of Birth, Dec. 12/86
4. Place of Birth (Street and Number), 419 Holliday St.
5. Full Name of Mother, Isabella T. Wheritt
6. Mother's Maiden Name, Jordan
7. Mother's Birthplace, Balto.
8. Full Name of Father, John M. Wheritt
9. Father's Occupation, Clerk.
10. Father's Birthplace, Balto.
Name of Medical Attendant, or other person who makes this Return, Edward J. McDevitt
Address, 208 Airyville St.
Remarks,

RETURN OF A BIRTH ⁹⁰⁵⁹⁷

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name of child: *Mary Chase Dodge*

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st.*

1. Sex, (state whether male or female) *Female.*
2. Race or Color, (if not of the white race) *White.*
3. Date of Birth, *Dec. 12th - 1886 -*
4. Place of Birth, (Street and Number) *527 W. Fulton Ave.*
5. Full Name of Mother, *Carrie Lynders.*
6. Mother's Maiden Name, *Ashman.*
7. Mother's Birthplace, *Baltimore City.*
8. Full Name of Father, *Frederick A. Dodge.*
9. Father's Occupation, *merchant.*
10. Father's Birthplace, *Penna.*

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,

*R. H. Goldsmith - M.D.
Hartem Ave. & Calhoun St.*



Report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with this provision, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

the Commissioner of Health, in the manner and within the period above required, and any such person who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (\$10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 905 98

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether male or female),

2. Race or Color (if not of the white race),

3. Date of Birth,

4. Place of Birth (Street and Number),

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

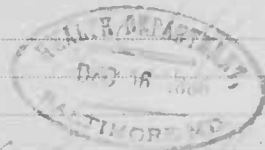
9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks,



report the birth to the Commissioner of Health, in the manner and within the period above required, and any such person or person shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other laws and forfeitures are recoverable.

RETURN OF A BIRTH 90599

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) white

3. Date of Birth, 12 Dec 1886

4. Place of Birth, (Street and Number) 4224 Washington

5. Full Name of Mother, Mary Gassan

6. Mother's Maiden Name, Mary Gassan

7. Mother's Birthplace, Germany

8. Full Name of Father, John Gassan

9. Father's Occupation, Laborer

10. Father's Birthplace, Porto Rico

Name of Medical Attendant, or other Person who makes this Return, Mary Hopliston

Address, 694 Washington

Remarks,



RETURN OF A BIRTH 90600

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (~~state whether~~ 1st, 2d, 3d, &c.)

1. Sex, (~~state whether~~ male or female)

2. Race or Color, (~~if not of the~~ white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name.

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,

Dec 12th /86.

454 W. Baltimore St.

Christina W. Lahon

Christina W. Heller.

Lawrenceville, Allegheny Co., Pa.

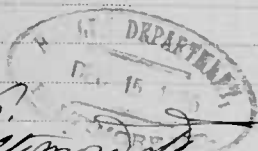
Edward J. Lahon

Express Messenger

Baltimore City, Md.

John J. R. Hagedorn

243 Lexington St.



Report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person who fails to do so, shall be liable to a fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

This Certificate of Birth is to be filed in the office of the Registrar of Vital Statistics, Board of Health, in the manner and within the period above required, and any such person or persons who shall neglect to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered in other due and lawful manner are recoverable.

RETURN OF A BIRTH 90601

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2nd*

1. Sex (state whether male or female), *Female*

2. Race or Color (if not of the white race), *White*

3. Date of Birth, *Dec 12th*

4. Place of Birth (Street and Number), *528 Conway St*

5. Full Name of Mother, *Clara Smith*

6. Mother's Maiden Name, *Clara Rooney*

7. Mother's Birthplace, *Baltimore*

8. Full Name of Father, *Samuel F. Smith*

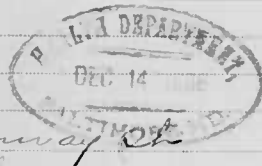
9. Father's Occupation, *Cooper*

10. Father's Birthplace, *Baltimore*

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks, *Rev No 592 Columbia Ave*



RETURN OF A BIRTH 90602

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *3rd Child*

1. Sex, (state whether male or female) *Female*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *12th of December 1886*

4. Place of Birth, (Street and Number) *127 North Coast St.*

5. Full Name of Mother, *Paul Paulina Stellita*

6. Mother's Maiden Name, *Paulina Frankling*

7. Mother's Birthplace, *Germany*

8. Full Name of Father, *Charlie Frankling*

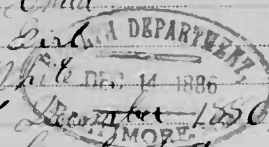
9. Father's Occupation, *Clerk*

10. Father's Birthplace, *Germany*

Name of Medical Attendant, or other Person who makes this Return, *Crescentia Kunkel*

Address, *213 North Chapel St. per Justin Kunkel*

Remarks, *Healthy*



Report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 90603

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Twins 6th and 7th*
1. Sex. (state whether male or female) *Male and Female*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *Dec 12th 1886*
4. Place of Birth, (Street and Number) *915 E. E. Street*
5. Full Name of Mother, *Mrs. George Rickert*
6. Mother's Maiden Name, *Washington*
7. Mother's Birthplace, *D.C.*
8. Full Name of Father, *George Rickert*
9. Father's Occupation, *Bill Poster*
10. Father's Birthplace, *Washington D.C.*
- Name of Medical Attendant, or other Person who makes this Return, *Hester Calverley*
- Address, *434 N. Monument St*
- Remarks,

Report its birth to the Commissioner of Health, in the manner and within the period above required, and if any person who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of \$4 or \$10 dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH *90604*

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *7th*

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race) *W.*

3. Date of Birth, *Dec. 12 1893*

4. Place of Birth, (Street and Number) *244 D. Avenue*

5. Full Name of Mother, *Bridget Welch*

6. Mother's Maiden Name, *McCauley*

7. Mother's Birthplace, *Ireland*

8. Full Name of Father, *Patrick Welch*

9. Father's Occupation, *Storeman*

10. Father's Birthplace, *Ireland*

Name of Medical Attendant, or other Person who makes this Return *J. J. Wilson*

Address, *77 S. Bay*

Remarks,

Report as birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this act, shall be subjected to the fine of ten (10) dollars for each offense in being recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH, 90605

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth 13 of December

4. Place of Birth, (Street and Number) Baltimore 51 Health Street

5. Full Name of Mother Ante Maxwell

6. Mother's Maiden Name Ante Crowley

7. Mother's Birthplace Baltimore

8. Full Name of Father Wm. Maxwell

9. Father's Occupation Bricklayer

10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mrs. Elizabeth Donaldson

Address 1824 Byrd Street

Remarks Mother and child is not so well -

have got a heavy cold.

report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 90606

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

ONE

1. Sex, (state whether male or female)

female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

12th DEC 1886

4. Place of Birth, (Street and Number)

89 Lombard Str

5. Full Name of Mother,

Mary Bass

6. Mother's Maiden Name,

Mrs. Papp

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Wm. Bass

9. Father's Occupation,

Baker

10. Father's Birthplace,

Richmond Va

Name of Medical Attendant, or other Person who makes this Return.

Wm. R. Ulbrich

Address,

Remarks,

448 Holladay str
Baltimore

Report in birth to the Commissioner of Health, in the manner and within the time above required, and any such person or persons who fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 90607

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

4th

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

December 12 1886

4. Place of Birth, (Street and Number)

1482 Lombard St.

5. Full Name of Mother,

Laura Harrington

6. Mother's Maiden Name,

Forsyth

7. Mother's Birthplace,

Baltimore Md

8. Full Name of Father,

John Harrington

9. Father's Occupation,

Shoemaker

10. Father's Birthplace,

Virginia

Name of Medical Attendant, or other Person who makes this Return.

Address,

Thos R. Ulbig

Remarks,

#48 Holland

RETURN OF A BIRTH, 90608

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2
1. Sex (state whether male or female) Male
2. Race or Color, (if not of the white race) Copied
3. Date of Birth December 12, 1886
4. Place of Birth, (Street and Number) Baltimore No 445 Henrietta near Phinney
5. Full Name of Mother Corona Briggs
6. Mother's Maiden Name _____
7. Mother's Birthplace Baltimore Md
8. Full Name of Father James E. Johnson
9. Father's Occupation B + O R.R. Porter
10. Father's Birthplace Marysville N.Y.
- Name of Medical Attendant, or other Person who makes this Return. Lettie Valentine
- Address 185 Henrietta St
- Remarks _____

Baltimore Md

RETURN OF A BIRTH 90609

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Wilhelmine Rasmers*

1. Sex, (state whether male or female) *female*

2. Race or Color, (if not of the white race) *white*

3. Date of Birth, *Dec. 12th*

4. Place of Birth, (Street and Number) *624 German st.*

5. Full Name of Mother, *Kate Rasmers*

6. Mother's Maiden Name, *" Gooss*

7. Mother's Birthplace, *Balt.*

8. Full Name of Father, *William Rasmers*

9. Father's Occupation, *Salesman*

10. Father's Birthplace, *Balt. Germany*

Name of Medical Attendant, or other Person who makes this return *C. L. Buddenb.*

Address, *166 S. Race st.*

Remarks, **GIVEN NAME ADDED. 1-9-52**

RETURN OF A BIRTH 90610

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st.
1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) white
3. Date of Birth, Friday Nov 12th 1880
4. Place of Birth, (Street and Number) 245 Chew St.
5. Full Name of Mother, Hannah McAllister
6. Mother's Maiden Name, Hannah Cook
7. Mother's Birthplace, Balt. Md.
8. Full Name of Father, Daniel McAllister
9. Father's Occupation, Stone Cutter
10. Father's Birthplace, Balt. Md.
- Name of Medical Attendant, or other Person who makes this Return, Wilmer Brintow M.D.
- Address, Chew St. & Forest Plac.
- Remarks,

RETURN OF A BIRTH 90611

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th Child

1. Sex, (state whether male or female) Boy

2. Race or Color, (if not of the white race) White

3. Date of Birth, Sunday Dec. 12th 1886

4. Place of Birth, (Street and Number) Cor. Greenmount and Mt. Vernon St.

5. Full Name of Mother, Caroline R. Cole

6. Mother's Maiden Name, Caroline Ruppel

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Chas. M. Cole

9. Father's Occupation, Barber

10. Father's Birthplace, Alexandria Va

Name of Medical Attendant, or other Person who makes this Return. Wilmer Brinlow M.D.

Address, Chas. St. & Forrest Place

Remarks,



This card has to be recovered as other laws and regulations are recoverable.

RETURN OF A BIRTH 90612

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3^d Child

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, Dec. 12th 1887

4. Place of Birth, (Street and Number) No. 1037 Hollins

5. Full Name of Mother, Louise O'neal

6. Mother's Maiden Name, Scherry

7. Mother's Birthplace, Calonsville

8. Full Name of Father, George A. O'neal

9. Father's Occupation, Barber

10. Father's Birthplace, Calonsville

Name of Medical Attendant, or other Person who makes this return Annie J. O'neal

Address, 1037 Hollins St.

Remarks, _____

THE CITY OF BALTIMORE HAS PRINTED AND SOLD THIS FORM FOR THE PURPOSES OF THE REGISTRATION ACT.

RETURN OF A BIRTH 90613

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex (state whether male or female),

Female

2. Race or Color (if not of the white race),

3. Date of Birth,

Dec 13/86

4. Place of Birth (Street and Number),

N^o 106 Druid Hill Ave

5. Full Name of Mother,

Annie Klaus

6. Mother's Maiden Name,

Schmidt

7. Mother's Birthplace,

Germany

8. Full Name of Father,

George Klaus

9. Father's Occupation,

Schaeemaker

10. Father's Birthplace,

Germany

Name of Medical Attendant, or other person who makes this Return.

Mrs Louise Kraft

Address,

N^o 405 S. Washington St

Remarks,

For each offence, to be recovered as other fines and for failure are recoverable.

RETURN OF A BIRTH 90611

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2^d

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Dec 13/86

4. Place of Birth, (Street and Number)

(old no) 402 Mulberry St

5. Full Name of Mother,

Alice R Emick

6. Mother's Maiden Name,

Ryan

7. Mother's Birthplace,

Va

8. Full Name of Father,

George Emick

9. Father's Occupation,

Tobaccoist

10. Father's Birthplace,

Balt

Name of Medical Attendant, or other Person who makes this Return.

Thomas Opie M.D

Address,

600 (new no) N Howard St

Remarks,

RETURN OF A BIRTH. 90615

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

11. Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,



Female
White
December 13

Forston and Fort St. 4400

Williamina Pneumanic

Williamina Bahnick

Prussia Bonn

Michael Pneumanic

Stone Masonic

Prussia

R. M. Barker

No. 213 Heath St

Living well

Any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Fourth (90616)

Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

3. Date of Birth...

December 13th 1886

4. Place of Birth, (Street and Number)

209 William Street - old So.

5. Full Name of Mother.

Rebecca Henning

6. Mother's Maiden Name.

Rebecca Dixon

7. Mother's Birthplace.

Baltimore City

8. Full Name of Father.

Chas. Gaspar Henning

9. Father's Occupation.

Laborer

10. Father's Birthplace.

Philadelphia Pa

Name of Medical Attendant, or other Person who makes this Return

Address.

Remarks.

RETURN OF A BIRTH ⁹⁰⁶¹⁷

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Fifth*
1. Sex, (state whether male or female) *Male*
2. Race or Color, (if not of the white race) *Colored*
3. Date of Birth, *December 13th 1886*
4. Place of Birth, (Street and Number) *Old 135 St. Paul St.*
5. Full Name of Mother, *Lena Moody*
6. Mother's Maiden Name, *Wiggin*
7. Mother's Birthplace, *Virginia*
8. Full Name of Father, *Thomas Moody*
9. Father's Occupation, *Sealour*
10. Father's Birthplace, *Virginia*
11. Name of Medical Attendant, or other Person who makes this Return. *Amelia Johnson*
- Address, *125 E. Hamilton St.*
- Remarks,

RETURN OF A BIRTH ⁹⁰⁶¹⁸

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second
1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, 13th December
4. Place of Birth, (Street and Number) 1083 N. Dallas St.
5. Full Name of Mother, Mary Wehrman
6. Mother's Maiden Name, Mary Uhl
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Henry S. Wehrman
9. Father's Occupation, Boatman
10. Father's Birthplace, Baltimore
- Name of Medical Attendant, or other Person who makes this Return. Mrs. Julia Gorman
- Address, 948 N. Gay St.
- Remarks, ?

RETURN OF A BIRTH ⁹⁰⁶¹⁹

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

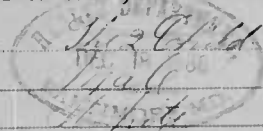
9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,



The 13 of December
No 4 Western St
Mary McKenna
Mary McKenna
Baltimore
John McKenna
Tinsmith
Ireland

Mrs C. L. Lane

No 172 West 103rd St
Baltimore Md
1890

RETURN OF A BIRTH 90620

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8

1. Sex (state whether male or female),

female

2. Race or Color (if not of the white race),

Colored

3. Date of Birth,

December 13-1886

4. Place of Birth (Street and Number),

5010 Preston St

5. Full Name of Mother,

Mary Braxton

6. Mother's Maiden Name,

Mary Hook

7. Mother's Birthplace,

Baltimore City

8. Full Name of Father,

Genus Braxton

9. Father's Occupation,

Laborer

10. Father's Birthplace,

Centerville Md

Name of Medical Attendant, or other person who makes this Return.

Maryann Mason

Address,

No 37 Walnut alley

Remarks,

This return is subject to inspection and in case of any error or omission the Registrar of Vital Statistics shall be subjected to the fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 90621

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

1st
Male

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth

Dec. 13. 1886

4. Place of Birth, (Street and Number)

2102 E. Fayette St.

5. Full Name of Mother,

Mrs. Adella Lea L. Foster Bryan

6. Mother's Maiden Name,

Mrs. Adella Lea L. Foster

7. Mother's Birthplace,

Balt. Md.

8. Full Name of Father,

John Thomas Bryan

9. Father's Occupation,

Engineer

10. Father's Birthplace,

Balt. Md.

Name of Medical Attendant, or other Person who makes this Return.

C. Claville, Lach. Med.

Address,

2000 E. Balt. St.

Remarks,

Delivered with forceps.

for each offence to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 90622

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. Sex, (state whether male or female) male

2. Race or Color, (if not of the white race) white

3. Date of Birth, 13 July 1886

4. Place of Birth, (Street and Number) 26 S. High St.

5. Full Name of Mother, Eva Herman

6. Mother's Maiden Name, Eva Hensch

7. Mother's Birthplace, Pitt. Bayern, Germany

8. Full Name of Father, Peter Herman

9. Father's Occupation, Carpenter

Father's Birthplace, Manningen, Baden, Germany

Name of Medical Attendant, or other Person who makes this Return, Arthur H. Smith

Address, 1120 S. E. 1st St.

Remarks,

Within the period allowed, provided, except in the cases of the births and deaths of illegitimate children, and in the case of persons who shall hereafter fail to comply with the provisions of this section, shall be subject to a fine of ten dollars for each offense, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH 90623

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) black

3. Date of Birth, Dec 13 1884

4. Place of Birth, (Street and Number) 5418 N. Bethel St

5. Full Name of Mother, Benjamin Jones

6. Mother's Maiden Name, Benjamin Prince

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Charles H. Jones

9. Father's Occupation, Car. Maker

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return, Dr. J. H. Jones

Address, Baltimore

Remarks, New No 308 Chestnut St

for each offense to be recovered as other laws and ordinances are recoverable.

for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 90624

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3 Child

1. Sex (state whether male or female),

Female

2. Race or Color (if not of the white race),

White

3. Date of Birth,

December 13 4/ 1886

4. Place of Birth (Street and Number),

28 Essex st

5. Full Name of Mother,

Mary Douns

6. Mother's Maiden Name,

Cusey

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Michael Douns

9. Father's Occupation,

Labor

10. Father's Birthplace,

Baltimore

11. Name of Medical Attendant, or other person who makes this Return.

Wiley

Address,

No 611 Patterson Park

Remarks,



RETURN OF A BIRTH, 90625

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth

4. Place of Birth, (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

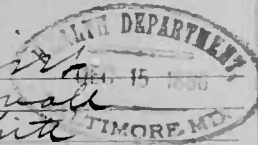
10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

Female
White
Dec 13. '86
1148 Washington Ave
Dora Edmunds
" Carson
Baltimore and
John Edmunds
Shoe maker
England
Stewart
S. W. Grisford



RETURN OF A BIRTH 90626

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7

1. Sex, (state whether male or female) male

2. Race or Color, (if not of the white race) white

3. Date of Birth, Aug. 12th 1886

4. Place of Birth, (Street and Number) Frank E. ...

5. Full Name of Mother, Mary ...

6. Mother's Maiden Name, ...

7. Mother's Birthplace, ...

8. Full Name of Father, James Brown

9. Father's Occupation, ...

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return, ...

Address, ...

Remarks, ...

for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH, 90637

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth Baltimore

4. Place of Birth, (Street and Number) Baltimore 900 Howard Street

5. Full Name of Mother Lousia Gargan

6. Mother's Maiden Name Louisa Preston

7. Mother's Birthplace Kin, Ind.

8. Full Name of Father Oliver Gargant

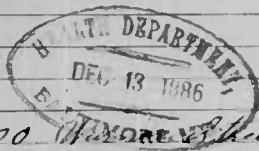
9. Father's Occupation Machinist

10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mrs. Elizabeth Donaldson

Address 1824 Bay Street

Address 1529 Ogden Street
Remarks Mother and child are Doing well



RETURN OF A BIRTH ⁹⁰⁶²⁸

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

Sex, (state whether male or female) female

2. Race or Color, (if not of the white race) White

3. Date of Birth, 13 September

4. Place of Birth, (Street and Number) 125 Calverton St

5. Full Name of Mother, Anna R. Haff

6. Mother's Maiden Name, "

7. Mother's Birthplace, Baltimore Md

8. Full Name of Father, Daniel R. Haff

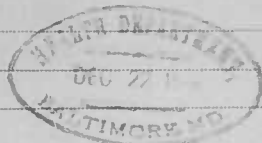
9. Father's Occupation, Cabinet-maker

10. Father's Birthplace, Baltimore Md

Name of Medical Attendant, or other Person who makes this Return, Mrs J. H. Haff

Address, 1302 Hollander St

Remarks, _____



RETURN OF A BIRTH 90639

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *9th Child*

1. Sex (state whether male or female),

2. Race or Color (if not of the white race), *White*

3. Date of Birth, *December the 13, 1886*

4. Place of Birth (Street and Number), *E. Ball St. No. 1923*

5. Full Name of Mother, *Elisabetha Schuppel*

6. Mother's Maiden Name, *Elisabetha Ribbich*

7. Mother's Birthplace, *Balt^y City*

8. Full Name of Father, *Bernhard Schuppel*

9. Father's Occupation, *Tobacco Dealer*

10. Father's Birthplace, *Heidelberg, Gr Baden, Germany*

Name of Medical Attendant, or other person who makes this return. *Mary E. Müller*

Address, *N Dallas St. No 114 new*

Remarks,



If each affixes, to be recovered as other files and fee returns are receivable.

RETURN OF A BIRTH 90630

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race)

3. Date of Birth, Dec 13 1886

4. Place of Birth, (Street and Number) 112 Sun St

5. Full Name of Mother, Lou Ellen

6. Mother's Maiden Name, Jane

7. Mother's Birthplace, City

8. Full Name of Father, Frank T. Allen

9. Father's Occupation, Painter City

Father's Birthplace, City

Name of Medical Attendant, or other Person who makes this Return, Dr. J. B. G. City

Address, 112 Sun St

Remarks,



RETURN OF A BIRTH 90631

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Ninth

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

Black

3. Date of Birth,

Dec. 13 - 1884

4. Place of Birth, (Street and Number)

Maternity 1134 115 West Lombard St

5. Full Name of Mother,

Jennie Price,

6. Mother's Maiden Name,

Do.

7. Mother's Birthplace,

Maryland,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return

D. C. Calkins, M.D.

Address,

1134 115 West Lombard St

Remarks,

For each office to be recovered as other lines and forfeitures are recoverable.

RETURN OF A BIRTH 90632

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2nd

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

December 13th 1886

4. Place of Birth, (Street and Number)

1135 Calumet

5. Full Name of Mother,

Agnes Griffith

6. Mother's Maiden Name,

Agnes Norton

7. Mother's Birthplace,

Baltimore City Md.

8. Full Name of Father,

Joshua Griffith

9. Father's Occupation,

Timber

10. Father's Birthplace,

Baltimore City Md.

Name of Medical Attendant, or other Person who makes this Return.

J. F. Miles M.D.

Address,

405 W. Lombard St

Remarks,

For each offense to be recovered as other laws and regulations are recoverable.

RETURN OF A BIRTH. 90633

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3

Sex, (state whether male or female) female

2. Race or Color, (if not of the white race) _____

3. Date of Birth Dec 14, 1886

4. Place of Birth, (Street and Number) 127 N. Bond St.

5. Full Name of Mother, Mary Rupert

6. Mother's Maiden Name, Glazier

7. Mother's Birthplace, Balto. Md.

8. Full Name of Father, Martin Rupert

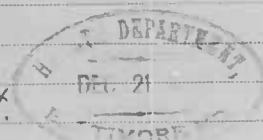
9. Father's Occupation, Sailor

10. Father's Birthplace, Balto. Md.

Name of Medical Attendant, or other Person who makes this Return. Caroline Miller

Address, 5 Walker St. Baltimore Md.

Remarks, _____



RETURN OF A BIRTH 90634

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Joseph Christopher Smith
 No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *5th*
 Sex, (state whether male or female) *Male*
 2. Race or Color, (if not of the white race) *White*
 3. Date of Birth, *Dec 14 - 56*
 4. Place of Birth, (Street and Number) *Hillside above the market*
 5. Full Name of Mother, *Louisa Smith*
 6. Mother's Maiden Name, *Louisa Shaffer*
 7. Mother's Birthplace, *Back*
 8. Full Name of Father, *Joseph Smith*
 9. Father's Occupation, *Clerk*
 10. Father's Birthplace, *Back*
 Name of Medical Attendant, or other Person who makes this Return. *Daniel & Mayne M.D.*
 Address, *728 Disquith St*
 Remarks, *City*

for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH *90635*

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *4*

1. Sex, (state whether male or female) *Female*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *14 Dec 1886*

4. Place of Birth, (Street and Number) *404 Duncan Alley*

5. Full Name of Mother, *Mary Kohler*

6. Mother's Maiden Name, *Mary Fleuther*

7. Mother's Birthplace, *Bohemia*

8. Full Name of Father, *Michael Fleuther*

9. Father's Occupation, *Sailor*

10. Father's Birthplace, *Bohemia*

Name of Medical Attendant, or other Person who makes this Return.

Address, *694 Washington St*

Remarks,

For each offense, to be recovered in other than and forfeitures are recoverable.

RETURN OF A BIRTH 90636

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether male or female),

2. Race or Color (if not of the white race),

3. Date of Birth,

4. Place of Birth (Street and Number),

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks,

RETURN OF A BIRTH 90637

Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

of Mother, (state whether 1st, 2d, 3d, &c.) *Third*

Sex, (whether male or female)

Male

Color, (if not of the white race)

White

Birth,

14th December 1886

Birth, (Street and Number)

1424 1st Chester St Baltimore

Name of Mother,

Catherine Walsh

Maiden Name,

Catherine Casby

Birthplace,

Ireland

Name of Father,

John Walsh

Occupation,

Labourer

Birthplace,

Ireland

Medical Attendant, or other Person who makes this Return.

*Mrs Julia Groomy
940 N Gay St*

RETURN OF A BIRTH 90638

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

~~First~~ Sixth

Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Dec 14 1885

4. Place of Birth, (Street and Number)

255 35 Adelphi Ave

5. Full Name of Mother,

Rosa Gutman

6. Mother's Maiden Name,

Rosa Goodman

7. Mother's Birthplace,

Germany

8. Full Name of Father,

Emanuel Gutman

9. Father's Occupation,

dyt

Father's Birthplace,

Germany

Name of Medical Attendant, or other Person who makes this Return.

A. Friedewald

Address, ~~St~~

10 N. E. 1st St

Remarks, Child dead

for each offense to be recovered as other fines and for hours are irretrievable.

RETURN OF A BIRTH 90639

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

First

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Dec. 14, 1886

4. Place of Birth, (Street and Number)

321 S. Carrollton Ave.

5. Full Name of Mother,

Annie R. Clendenin

6. Mother's Maiden Name,

Annie C. Rowan

7. Mother's Birthplace,

Elkton, Cecil Co. Md.

8. Full Name of Father,

James Clendenin

9. Father's Occupation,

Merchant

10. Father's Birthplace,

Baltimore, Maryland

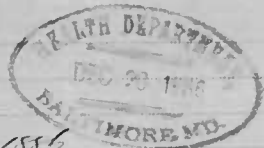
Name of Medical Attendant, or other Person who makes this Return

Flora A. Brewster

Address, 1017 Madison Ave.

Flora B. Brewster

Remarks,



RETURN OF A BIRTH, 90640

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

5th Child

1. Sex (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth

14th December

4. Place of Birth, (Street and Number)

1522 E. Eager St.

5. Full Name of Mother

Oelia Scherl

6. Mother's Maiden Name

Oelia Mc. Laughlin

7. Mother's Birthplace

Ireland

8. Full Name of Father

Charles J. Sherr

9. Father's Occupation

Cigar manufacturer

10. Father's Birthplace

Germany

Name of Medical Attendant, or other Person who makes this Return.

Edw. L. Loughran

Address

1122 Mc. Donough St.

Remarks

Doing well

RETURN OF A BIRTH, 90641

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth

4. Place of Birth, (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

First

Male

White

Dec. 14. 1886

7 S. Chick St.

Mamie Higgins

" Vickner

Baltimore Md

Charles Higgins

Bookkeeper

Baltimore Md

Alwart

210 W. Lombard St

RETURN OF A BIRTH 90642

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, 14 September

4. Place of Birth, (Street and Number) 1212 Halland St.

5. Full Name of Mother, Hannie Heibler

6. Mother's Maiden Name, Bachman

7. Mother's Birthplace, Balt. Md.

8. Full Name of Father, Frederick Heibler

9. Father's Occupation, Paper Carrier

10. Father's Birthplace, Balt. Md.

Name of Medical Attendant, or other Person who makes this Return, Mrs. Rose H. Meyer

Address, 1302 Halland St.

Remarks,

" RETURN OF A BIRTH 90643

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

14th Dec

4. Place of Birth, (Street and Number)

1303 Hollman St

5. Full Name of Mother,

Maggie Taylor

6. Mother's Maiden Name,

J. B. Jackson

7. Mother's Birthplace,

Balt

8. Full Name of Father,

Sam Taylor

9. Father's Occupation,

Cigar maker

10. Father's Birthplace,

Balt

Name of Medical Attendant, or other Person who makes this Return.

Mrs R. Ulbig

Address,

#148 Hollman St

Remarks,

RETURN OF A BIRTH.

906 424

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Fifth (5)*
1. Sex (state whether male or female) *Female*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *December 14th 1886*
4. Place of Birth (Street and Number) *67 S. Lechester St.*
5. Full Name of Mother *Mary L. Hebb*
6. Mother's Maiden Name *Mary L. Hoyer*
7. Mother's Birthplace *Pennsylvania*
8. Full Name of Father *John S. Hebb*
9. Father's Occupation *Pilot*
10. Father's Birthplace *Baltimore Md.*
Name of Medical Attendant, or other Person who makes this Return. *Jos. S. Lynchall D.*
Address *4 S. Broadway*
Remarks

RETURN OF A BIRTH ⁹⁰⁶⁴⁵

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether ~~1st~~ 2d, 3d, &c.)

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

Col

3. Date of Birth,

Dec. 14th 1886

4. Place of Birth, (Street and Number)

108 Vincent Alley

5. Full Name of Mother,

Ellen Brown

6. Mother's Maiden Name,

" "

7. Mother's Birthplace,

Balti Co Md

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Sarah Gibson

Address,

108 Vincent st -

Remarks,

Persons who shall hereafter fail to comply with the provisions of this act, shall be subjected to the fine of ten (10) dollars for each infraction to be recovered as other fines and forfeitures are recoverable.

or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of: n. 100 dollars for each offense to be recovered as other fines and forfeitures are recoverable.

GIVEN NAME ADDED 5-31-15
RETURN OF A BIRTH 90646

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Helen Metzel
No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st*

1. Sex, (state whether male or female) *Female*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *Dec 13/15*

4. Place of Birth, (Street and Number) *188 Thacker St*

5. Full Name of Mother, *Mathias Metzel*

6. Mother's Maiden Name, *" Luise*

7. Mother's Birthplace, *Baltimore*

8. Full Name of Father, *Samuel Metzel*

9. Father's Occupation, *Sabannan*

10. Father's Birthplace, *Austria*

Name of Medical Attendant, or other Person who makes this Return, *Theodore Cohen, M.D.*

Address, *218 Remond St*

Remarks,

RETURN OF A BIRTH *90647*

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2nd Child*

1. Sex (state whether male or female),
2. Race or Color (if not of the white race), *White*
3. Date of Birth, *December the 14, 1886*
4. Place of Birth (Street and Number), *E. Fayette St. No. 1318*
5. Full Name of Mother, *Amie Bell Lammert*
6. Mother's Maiden Name, *Amie Bell Forman*
7. Mother's Birthplace, *Balt^o City*
8. Full Name of Father, *Henry Ernst Lammert*
9. Father's Occupation, *Laborer*
10. Father's Birthplace, *Balt^o City*

Name of Medical Attendant, *Mary E. Müller*
or other person who makes this return.

Address, *N. Dallas St. No. 114, new*

Remarks,



Who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH.

90648

Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

Other, (state whether 1st, 2d, 3d, &c.)

forth

er mule or female)

Male

(if not of the white race)

White



(Street and Number)

14. Dec

Baltimore Paratoga st. 511

Mother

Mary Fyler

n Name

North High

place

Baltimore

Father

John Fyler

ation

Stone Cutter

place

Baltimore

ul Attendant, or other Person who makes this Return.

Mrs. Ruth B. Bolhouser

No. 674 West Pratt st

RETURN OF A BIRTH 90649

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) white

3. Date of Birth, December 15 1894

4. Place of Birth, (Street and Number) Baltimore, Md. 15th St. 15

5. Full Name of Mother, Elizabeth C. Kennedy

6. Mother's Maiden Name, Howard

7. Mother's Birthplace, Frederick Co. Md.

8. Full Name of Father, James G. Kennedy

9. Father's Occupation, laborer

10. Father's Birthplace, Howard Co. Md.

Name of Medical Attendant, Elizabeth. Kathan

Address, 1114 N. 15th St. Baltimore

Remarks, _____

Persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 90650

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

of the parents, and the maiden name of the mother of such child or children

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

5th

1. Sex (state whether Male or Female)

Male

2. Race or Color (if not of the white race)

3. Date of Birth

Dec 15th 1898

4. Place of Birth (Street and Number)

921 McCallum St

5. Full Name of Mother

Emma Gellier Fossell

6. Mother's Maiden Name

Gellier

7. Mother's Birthplace

Walle

8. Full Name of Father

Jos Edward Fossell

9. Father's Occupation

Genl Furnishing

10. Father's Birthplace

Pa

Name of Medical Attendant, or other Person who makes this Return.

C Winslow MD

Address

921 McCallum St

Remarks

RETURN OF A BIRTH.

90651

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

2nd

1. Sex (state whether Male or Female)

Male

2. Race or Color (if not of the white race)

3. Date of Birth

Dec 16th 1886

4. Place of Birth (Street and Number)

125 N Charles St

5. Full Name of Mother

Julia S Acosta

6. Mother's Maiden Name

Stavoli

7. Mother's Birthplace

Mexico City

8. Full Name of Father

Rafael S Acosta

9. Father's Occupation

Mexican Consul

10. Father's Birthplace

Mexico City

Name of Medical Attendant, or other Person who makes this Return.

C Winslow M.D.

Address

924 W. Calver St

Remarks

RETURN OF A BIRTH 90652

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2^d

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, Dec 18/86

4. Place of Birth, (Street and Number) (old no. 161) N. Aud. Ave (526 new no.)

5. Full Name of Mother, Kate Barker

6. Mother's Maiden Name, " Jessop.

7. Mother's Birthplace, Baltimore Co. Md.

8. Full Name of Father, Graham Barker

9. Father's Occupation, Merchant

10. Father's Birthplace, England

Name of Medical Attendant, or other Person who makes this Return, Thomas Opie M.D.

Address, 600 N. Howard St.

Remarks,

or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 90653

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,

First Child
 Little Boy
 White race
 Born 15th of Decem^r 1891
 No 1909 Christiana
 Mrs. Louisa Ball
 Miss Louisa Schiffl
 Born Baltimore City
 Mr. George Ball
 Blacksmith
 Ellicott City
 Mrs. Miller
 1017 West Pratt St

or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 90654.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.
Louise Katherine Wentz
 No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *6th child*

1. Sex, (state whether male or female) *Daughter female*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *Nov 15th 1886*
4. Place of Birth, (Street and Number) *new number 836 Baffert Street*
5. Full Name of Mother, *Anna Marie Wentz*
6. Mother's Maiden Name, *Krickenkamp*
7. Mother's Birthplace, *Hannover Germany*
8. Full Name of Father, *John Jacob Wentz*
9. Father's Occupation, *Labr*
10. Father's Birthplace, *Baden Germany*
- Name of Medical Attendant, or other Person who makes this Return. *Mrs. Snyder.*
- Address, *at North Schroeder St.*
- Remarks, **GIVEN NAME ADDED. 3-18-53**
L.M.

Report this birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 40655

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, Dec. 20 1885

4. Place of Birth, (Street and Number) 1724 Light St.

5. Full Name of Mother, Sarah Klein

6. Mother's Maiden Name, Kuhn

7. Mother's Birthplace, Baltimore

8. Full Name of Father, George Klein

9. Father's Occupation, Laborer

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return, Annie Gussie

Address, 1724 Light St.

Remarks,

or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 90656

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd
1. Sex (state whether male or female), male
2. Race or Color (if not of the white race), white
3. Date of Birth, Dec 15th
4. Place of Birth (Street and Number), 1340 Asquith St
5. Full Name of Mother, Letta Brckm
6. Mother's Maiden Name, Letta Bender
7. Mother's Birthplace, Baltimore
8. Full Name of Father, William Brckm
9. Father's Occupation, Telegraph Operator
10. Father's Birthplace, Pennsylvania
- Name of Medical Attendant, or other person who makes this Return. Heeeyonda Slafin
- Address, New No. 529 Columbia Ave
- Remarks,

Report the birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 90659

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Two*

1. Sex, (state whether male or female) *Female*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *13-1 Dec 1886*

4. Place of Birth, (Street and Number) *1624 Caroline St*

5. Full Name of Mother, *Mary Becker*

6. Mother's Maiden Name, *Holmes*

7. Mother's Birthplace, *Balt-Md*

8. Full Name of Father, *Henry Becker*

9. Father's Occupation, *Carpenter*

10. Father's Birthplace, *Balt-Md*

Name of Medical Attendant, or other Person who makes this Return. *Mrs R. Utley*

Address, *48 Holladay St*

Remarks,

RETURN OF A BIRTH.

90658

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 7th

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race) White

3. Date of Birth December 15th

4. Place of Birth (Street and Number) 327 W Linnvale St New MD 1307

5. Full Name of Mother Mary E. Keister

6. Mother's Maiden Name Mary Eliza Hoffman

7. Mother's Birthplace Baltimore

8. Full Name of Father Wm H Keister

9. Father's Occupation Commission Merchant

10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return.

E. Ridgely Baer M. D.

Address 1423 Bolton St City

Remarks

!!!



of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH 90659

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

7

1. Sex, (state whether male or female)

Females

2. Race or Color, (if not of the white race)

Colored

3. Date of Birth,

Dec 15th 1886.

4. Place of Birth, (Street and Number)

145 W. Hoffman St.

5. Full Name of Mother,

Mary David Stewart

6. Mother's Maiden Name,

Mary Blackwell

7. Mother's Birthplace,

Nottingham England

8. Full Name of Father,

David Stewart

9. Father's Occupation,

Coal Driver

10. Father's Birthplace,

Washington D.C.

Name of Medical Attendant,

or other Person who makes this Return

Rosetta Cross.

Address,

517 Jenkins Alley

Remarks,

The Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 90660

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

4th.

1. Sex (state whether male or female),

Male

2. Race or Color (if not of the white race),

White

3. Date of Birth,

December 15th. 1886

4. Place of Birth (Street and Number),

No 113 N. Asquith St.

5. Full Name of Mother,

Ida Culd

6. Mother's Maiden Name,

Ida Hopkins

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

John Culd

9. Father's Occupation,

Laborer

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other person who makes this Return.

M A Butt.

Address,

185 S. E. cor. Central av. & Monument. St.

Remarks,

647 All Well.

The Commissioner of Health, in the manner and within the period above required, and any such person who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten dollars for each offence, to be recovered in other fines and forfeitures now recoverable.

RETURN OF A BIRTH 90661

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

5th

1. Sex (state whether male or female),

Female

2. Race or Color (if not of the white race),

Colored

3. Date of Birth,

December 15th. 1880

4. Place of Birth (Street and Number),

801 Spring St.

5. Full Name of Mother,

Sophia Wilson

6. Mother's Maiden Name,

Sophia F. Phad

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Wm. Wilson

9. Father's Occupation,

Porter

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other person who makes this Return.

Mo. A. Butt

Address, 185 E. 4th Central av. & Monument St.

Remarks, 612 Mill

RETURN OF A BIRTH

90662

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

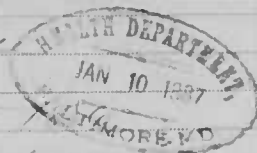
9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,



For each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 90663

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

First

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

Colored

3. Date of Birth

Monday Dec 15th 80

4. Place of Birth, (Street and Number)

17 Hamilton St

5. Full Name of Mother,

Mary Jane Spencer

6. Mother's Maiden Name,

Mary J. Carter

7. Mother's Birthplace,

Baltimore City

8. Full Name of Father,

Charles Spencer

9. Father's Occupation,

Cigar Maker

10. Father's Birthplace,

Bermuda Islands

Name of Medical Attendant,

or other Person who makes this Return.

Edw. M. M. M.

Address,

200 Park Ave & Mulberry St

Remarks,



It is hereby declared that the fee of ten cents for each child, to be paid by the mother, is a fee for the services of the Registrar of Vital Statistics, and is not a fee for the services of the Board of Health, and any such person who fails to pay the same, shall be subject to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 9066

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th Child

1. Sex (state whether ~~male~~ or female),
2. Race or Color (if nat of the white race), White
3. Date of Birth, December 15, 1886.
4. Place of Birth (Street and Number), S. Dallas St. No 240
5. Full Name of Mother, Barbara Schmidt
6. Mother's Maiden Name, Barbara Kaiser
7. Mother's Birthplace, Balt^e City
8. Full Name of Father, Georg Schmidt
9. Father's Occupation, Machinist
10. Father's Birthplace, Balt^e City

Name of Medical Attendant, or other person who makes the return.

Address, N. Dallas St. No 114 new

Remarks,



The Commissioner of Health, in the manner and within the period above required, and who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH ⁹⁰⁶⁶⁸

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) ^{4th}

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

Colored

3. Date of Birth,

Wednesday Dec 15

4. Place of Birth, (Street and Number)

No 3 Green willow St Balto Md

5. Full Name of Mother,

Mrs Eliza Lynch

6. Mother's Maiden Name,

Eliza Mathews

7. Mother's Birthplace,

Port Royal Caroline Co. Va.

8. Full Name of Father,

Charles Henry Lynch

9. Father's Occupation,

Coachman

10. Father's Birthplace,

Lynchburg Va.

Name of Medical Attendant, or other person who makes this Return.

Mrs A. Johnson

Address,

710 Gayson St

Remarks,

Doing Well.



report its birth in the Commissioner of Health, in the manner and within the period above required, and any such person who fails to do so shall be liable to a fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 9066

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.)

10th Tenth

1. Sex. (state whether male or female)

Male

2. Race or Color, (if not of the white race)

Colored

3. Date of Birth,

Dec. 15th 1886

4. Place of Birth. (Street and Number)

819 S. Eutaw St.

5. Full Name of Mother,

Julia Johnson

6. Mother's Maiden Name,

Julia King

7. Mother's Birthplace,

Kent Island.

8. Full Name of Father,

Perry Johnson

9. Father's Occupation,

Scowman

10. Other's Birthplace.

Kent Island

Name of Medical Attendant, or other Person who makes this Return

Sarah A. Brown

Address,

No. 117 China St.

Remarks.



report in birth to the Commissioner of Health, in the manner and within the period above required, and if any person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of five (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st -

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth

Monday 15th of December 1881

4. Place of Birth, (Street and Number)

etc 1437 South Dora

5. Full Name of Mother

Theresa Ellen Dorsey

6. Mother's Maiden Name

Theresa Ellen Magaha

7. Mother's Birthplace

Baltimore

8. Full Name of Father

George William Dorsey

9. Father's Occupation

Laborer

10. Father's Birthplace

Baltimore

Name of Medical Attendant, or other Person who makes this Return

Mrs. Bang

Address

Mrs. Bang

Remarks

Cross St



Missing 90668-90678, incl.

RETURN OF A BIRTH 9

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *8th*
Sex, (state whether male or female) *Male*
Race or Color, (if not of the white race) *Black*
Date of Birth, *Dec 16th*
Place of Birth, (Street and Number) *23 Union St*
Full Name of Mother, *Catherine Good*
Mother's Maiden Name, *Hogan*
Mother's Birthplace, *Ireland*
Full Name of Father, *Thos. Good*
Father's Occupation, *Labr.*
Father's Birthplace, *Ireland*
Name of Medical Attendant, or other Person who makes this Return *Miner*
Address, *17 N. Cal*
Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1. Name of Mother, (state whether 1st, 2d, 3d, &c.)

Robert Phillips

2. Sex (state whether male or female)

Male

3. Race or Color, (if not of the white race)

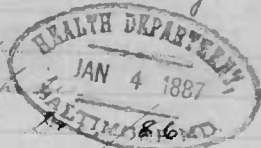
White

4. Date of Birth,

Dec

1886

16th



5. Place of Birth, (Street and Number)

1921 E. Baltimore St.

6. Full Name of Mother,

Mary Oliver

(Phillips) Phillips

7. Mother's Maiden Name,

Smith

8. Mother's Birthplace,

City

9. Full Name of Father,

Avrian (Phillips) Phillips

10. Father's Occupation,

Paper Engineer

11. Father's Birthplace,

City

Name of Medical Attendant, or other Person who makes this Return

C. L. Brown

CERTIFICATE CORRECTED

4-8-52

RETURN OF A BIRTH ⁹⁰⁶⁸

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. Child of Mother, (state whether 1st, 2d, 3d, &c.)

(state whether male or female)

2. Age or Color, (if not of the white race)

3. Date of Birth,

Place of Birth, (Street and Number)

Full Name of Mother,

Mother's Maiden Name,

Mother's Birthplace,

Full Name of Father,

Father's Occupation,

Father's Birthplace,

Name of Medical Attendant,

or other Person who makes this Return

Address,

Remarks,



Male

White

14th Dec 1886

1637 E. Baltimore St.

Catherine Harwood

Ellen

New Jersey

John Thomas Harwood

Cigar Store

Maryland

C. P. Burns M.D.

1834 E. Baltimore St.

RETURN OF A BIRTH 90682

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2nd*

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *Dec 16 1887*

4. Place of Birth, (Street and Number) *522 Penna. St. Md.*

5. Full Name of Mother, *Anna Belcher*

6. Mother's Maiden Name, *" "*

7. Mother's Birthplace, *Germany*

8. Full Name of Father, *Friedrich Belcher*

9. Father's Occupation, *Builder*

10. Father's Birthplace, *Germany*

Name of Medical Attendant, or other Person who makes this Return. *Wm. C. McHenry*

Address, *597 W. 1st St. Md.*

Remarks,



report its birth to the Commissioner of Health, in the manner and within the period above required, and any failure to do so, or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 90683

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex (state whether male or female), Female

2. Race or Color (if not of the white race),

3. Date of Birth, Nov 16 - 1887

4. Place of Birth (Street and Number), 5 N. High

5. Full Name of Mother, Annora Kilpin

6. Mother's Maiden Name, C. Lutz

7. Mother's Birthplace, Ireland

8. Full Name of Father, Peter Kilpin

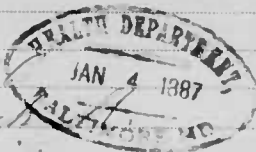
9. Father's Occupation, Labourer

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Harry Shinn

Address, 1427 E. Pratt St.

Remarks,



The Registrar of Births, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 90684

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

First.

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Dec. 16th 1895

4. Place of Birth, (Street and Number)

Plumite 1134 115 W. Lombard St.

5. Full Name of Mother,

Kellis Carr

6. Mother's Maiden Name,

No.

7. Mother's Birthplace,

Washington D. C.

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

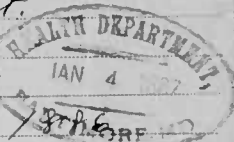
Name of Medical Attendant, or other Person who makes this Return.

R. F. Cunningham M. D.

Address,

1134 115 W. Lombard St.

Remarks,



on persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 90685

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, Dec 16, 1886.

4. Place of Birth, (Street and Number) 134 N High St.

5. Full Name of Mother, Jennie Taylor

6. Mother's Maiden Name, Jennie B. Harrie

7. Mother's Birthplace, Russia

8. Full Name of Father, Jacob Taylor

9. Father's Occupation, Tailor

10. Father's Birthplace, Russia

Name of Medical Attendant, or other Person who makes this Return.

Address, Albemarle st at 103

Remarks,

RETURN OF A BIRTH 90686

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, 5-27 Dec 1895

4. Place of Birth, (Street and Number) 527 Wilson St

5. Full Name of Mother, Anna Mc Gitter

6. Mother's Maiden Name, Ellis

7. Mother's Birthplace, Baltimore, Md

8. Full Name of Father, Daniel Mc Gitter

9. Father's Occupation, Wagoner Master

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return Mrs A Meserghel

Address, 607 Mosher St

Remarks,

Persons who shall hereafter fail to comply with the provisions of this section, shall be subject to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH ⁹⁰⁶⁸⁷

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d.

1. Sex, (state whether male or female) Male.

2. Race or Color, (if not of the white race) White.

3. Date of Birth, Dec. 16, 1886

4. Place of Birth, (Street and Number) 853 Columbia Ave.

5. Full Name of Mother, Margaret Cook.

6. Mother's Maiden Name, Kreger.

7. Mother's Birthplace, Baltimore City.

8. Full Name of Father, Cook.

9. Father's Occupation, Shoemaker

10. Father's Birthplace, Baltimore City.

Name of Medical Attendant, or other Person who makes this Return, Amos W. Adkins, M.D.

Address, 1212 Columbia & Fremont Aves.

Remarks, Child in good physical condition & living

RETURN OF A BIRTH 90688

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Na. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether male or female),

Female

2. Race or Color (if not of the white race),

3. Date of Birth,

Dec 17/86

4. Place of Birth (Street and Number),

No 304 Eastern Chrs

5. Full Name of Mother,

Louise Schmidt

6. Mother's Maiden Name,

Stech

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Louis Schmidt

9. Father's Occupation,

Beer Brewer

10. Father's Birthplace,

Germany

Name of Medical Attendant, or other person who makes this Return.

Mrs. Louise Knap

Address,

No 405 Washington St.

Remarks,

The Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 90689

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

5

1. Sex (state whether male or female),

Male

2. Race or Color (if not of the white race),

3. Date of Birth,

Dec 17/86

4. Place of Birth (Street and Number),

N^o 508 S. Bond St.

5. Full Name of Mother,

Bertha Philipps
Schafer

6. Mother's Maiden Name,

7. Mother's Birthplace,

Germany

8. Full Name of Father,

Isidor Philipps
Tailor

9. Father's Occupation,

10. Father's Birthplace,

Germany

Name of Medical Attendant, or other person who makes this Return.

Mrs. Louise S. Craft
N^o 405 S. Washington St.

Address,

Remarks,

The Commissioner of Health, in the manner and within the period above required, and any such returns or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of twenty dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH, 90690

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *2nd*
1. Sex, (state whether male or female) *Male,*
2. Race or Color, (if not of the white race) _____
3. Date of Birth *Dec. 17. 1886*
4. Place of Birth, (Street and Number) *A. Wolfe St. 513*
5. Full Name of Mother, *Mrs. Maggie Reno Trice Lucke*
6. Mother's Maiden Name, *Miss Maggie Reno Trice*
7. Mother's Birthplace, *Balt. Md.*
8. Full Name of Father, *Geo. William Lucke*
9. Father's Occupation, *Merchant Sailor*
10. Father's Birthplace, *New York City, N. Y.*
- Name of Medical Attendant, or other Person who makes this Return. *Dr. Gladville, Rush Ind.*
- Address, *1000 E. Balt. St.*
- Remarks, *Natural delivery*

represent the birth of a child, and the name of the child, shall be subject to the fine of ten (10) dollars for each offence to be recovered as other dues and forfeitures are recoverable.

RETURN OF A BIRTH ⁹⁰⁶⁹¹

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, 17th of Dec 1886

4. Place of Birth, (Street and Number) 606 N. Chester St.

5. Full Name of Mother, Mary Forrester

6. Mother's Maiden Name, " Schmidt

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Joseph Forrester

9. Father's Occupation, Brass-finisher

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return.

Address, 125 N. Caroline St.

Remarks,

Persons who shall be guilty of any fraud or conspiracy in procuring the registration of any birth, or who shall be guilty of any fraud or conspiracy in procuring the registration of any death, or who shall be guilty of any fraud or conspiracy in procuring the registration of any marriage, or who shall be guilty of any fraud or conspiracy in procuring the registration of any divorce, or who shall be guilty of any fraud or conspiracy in procuring the registration of any other vital event, shall be subject to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 90692

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.) *1st child*

1. *8* (state whether male or female) *Male*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *December the 17 1886*

4. Place of Birth, (Street and Number) *804 81 Peter St*

5. Full Name of Mother *Catharine Sughrue*

6. Mother's Maiden Name, *Catharine Murphy*

7. Mother's Birthplace, *Ireland*

8. Full Name of Father, *Michael Sughrue*

9. Father's Occupation, *carpenter*

10. Father's Birthplace, *Ireland*

Name of Medical Attendant, or other Person who makes this Return *Dr. H. H. Cross*

Address,

113 S. Poppleton St.

Remarks,

RETURN OF A BIRTH ⁹⁰⁶⁹³

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) Caucasian

3. Date of Birth, 17th of Dec. 1886

4. Place of Birth, (Street and Number) 412 Pratt St.

5. Full Name of Mother, Rebecca Anderson

6. Mother's Maiden Name, " Addison

7. Mother's Birthplace, Baltimore

8. Full Name of Father, John Anderson

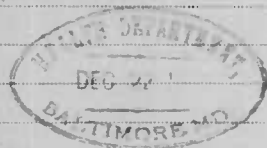
9. Father's Occupation, Writer

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return, Mary Walters

Address, 125 N. Caroline St.

Remarks, _____



Report for each birth shall be made to the Registrar of Vital Statistics, Board of Health, Baltimore City, by the attending physician, or other person who shall hereafter all to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 90694

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 5th
1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth Dec 17/86
4. Place of Birth, (Street and Number) 145 1/2 E. Baltimore Str
5. Full Name of Mother, Cheriz
6. Mother's Maiden Name, _____
7. Mother's Birthplace, Russia
8. Full Name of Father, Jacob Magalowsky
9. Father's Occupation, Cigarettes Maker
10. Father's Birthplace, Russia
11. Name of Medical Attendant, or other Person who makes this Return. Rebecca Wetman
- Address, 207 S. Caroline Str.
- Remarks, _____

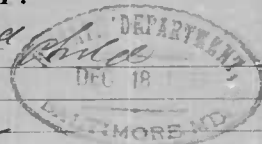
for each offence to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH, 90695

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

- of Child of Mother. (state whether 1st, 2d, 3d, &c.) *3rd*
1. Sex (state whether male or female) *Male*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth *December 12/1886*
4. Place of Birth. (Street and Number) *1040 Hubert St*
5. Full Name of Mother *Mary Ann Braman*
6. Mother's Maiden Name *Mary Ann Jennings*
7. Mother's Birthplace *Baltimore*
8. Full Name of Father *John Braman*
9. Father's Occupation *Restaurant*
10. Father's Birthplace *Ireland*
- Name of Medical Attendant, or other Person who makes this return. *O. H. Jannet M.D.*
- Address *Office in Locust Point*
- Remarks



17 Smith St.

who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 90696

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3 Child

1. Sex (state whether male or female), Female

2. Race or Color (if not of the white race), White

3. Date of Birth, 17 Dec. 1886

4. Place of Birth (Street and Number), 447 Canton Ave

5. Full Name of Mother, Mary Sunderland

6. Mother's Maiden Name, Lawrence

7. Mother's Birthplace, Baltimore

8. Full Name of Father, George Sunderland

9. Father's Occupation, Ship Carpenter

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Miss Wiley

Address, 4091 Patterson Park

Remarks,



RETURN OF A BIRTH 90697

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *3rd Child*

1. Sex (state whether male or female),

2. Race or Color (if not of the white race), *White*

3. Date of Birth, *December the 17. 1886.*

4. Place of Birth (Street and Number), *Little Gough St. No 114.*

5. Full Name of Mother, *Mary Ellen Rodger*

6. Mother's Maiden Name, *Mary Ellen Langner*

7. Mother's Birthplace, *Balt. City*

8. Full Name of Father, *Charles Alexander Rodgers*

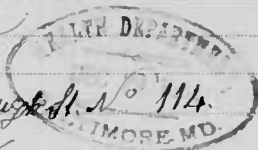
9. Father's Occupation, *Laborer*

10. Father's Birthplace, *Balt. City*

Name of Medical Attendant, or other person who makes this return. *Mary E. Miller*

Address, *N. Dallas St. No 114 new*

Remarks,



We shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 90698

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, Friday Dec. 17th. 1896

4. Place of Birth, (Street and Number) 314 Hornet St.

5. Full Name of Mother, Louisa Larkin

6. Mother's Maiden Name, Louisa Brewer

7. Mother's Birthplace, Baltimore Md.

8. Full Name of Father, Wm Larkin

9. Father's Occupation, City Employee

10. Father's Birthplace, Baltimore Md.

11. Name of Medical Attendant, or other Person who makes this Return, Wilmer Brinton M.D.

Address, Chas St & Hornet Place

Remarks,

or persons who shall knowingly fail to comply with the provisions of this Act, and who are guilty of any offense in the above return, shall be liable to a fine of not more than \$100, and to imprisonment for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH ⁹⁰⁷⁰⁰

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *4th*

1. Sex, (state whether male or female) *Female*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *December 18th 1886*

4. Place of Birth, (Street and Number) *102103 East Bay View St.*

5. Full Name of Mother, *Mrs. Elizabeth Peter*

6. Mother's Maiden Name, *Mrs. Elizabeth Peter*

7. Mother's Birthplace, *Baltimore Md.*

8. Full Name of Father, *Mr. Edward Peter*

9. Father's Occupation, *Blacksmith*

10. Father's Birthplace, *Germany*

Name of Medical Attendant, or other Person who makes this Return. *W. H. Cunningham, M.D.*

Address, *10418 N. Broadway*

Remarks,

Persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 90702

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, 18th Dec 1897

4. Place of Birth, (Street and Number) 874 Piccadilly

5. Full Name of Mother, Nellie Shring

6. Mother's Maiden Name, " Reimer

7. Mother's Birthplace, Berlin

8. Full Name of Father, Wm Shring

9. Father's Occupation, Driver

10. Father's Birthplace, Germany

Name of Medical Attendant, or other Person who makes this Return, Mrs. C. W. W. W.

Address, 607 N. W. W.

Remarks,

not for sale, no part of this publication may be reproduced without permission of the publisher, for each offense to be recovered as other laws and forfeitures are recoverable.

RETURN OF A BIRTH⁹⁰⁷⁰³

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,

1st Child

Female
White
December 21st 1886
HEALTH DEPARTMENT

1636 S. Charles St.

Ida Bolster

Ida Taylor

Baltimore Md

Gilman C. Bolster

Furniture Factory

Baltimore Md

Dr. A. Cooke M.D.

104 Fort av

RETURN OF A BIRTH, 70704

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

- of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fourth
1. Sex (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth Dec 18 86
4. Place of Birth, (Street and Number) 924 Franklin St
5. Full Name of Mother Mary Heiser
6. Mother's Maiden Name Lucianne
7. Mother's Birthplace Baltimore Md.
8. Full Name of Father Albert Heiser
9. Father's Occupation Fireman
10. Father's Birthplace Hannover Pa.
- Name of Medical Attendant, or other Person who makes this Return. Stewart
- Address 215 W. Lombard St
- Remarks

RETURN OF A BIRTH.

90705

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st*
1. Sex (state whether male or female) *Female*
2. Race or Color (if not of the white race) *Caucasian*
3. Date of Birth *Aug 10*
4. Place of Birth (Street and Number) *Summit St. 14 1896*
5. Full Name of Mother *Henry Abrahamson*
6. Mother's Maiden Name *Marie Abrahamson*
7. Mother's Birthplace *Prussia Co*
8. Full Name of Father *Joseph Gum*
9. Father's Occupation *Engineer*
10. Father's Birthplace *Berlin in Prussia*
- Name of Medical Attendant, or other Person who makes this Return. *Dr. Arthur*
- Address *Summit St. 14 Baltimore - Md.*
- Remarks *inf. mark*

RETURN OF A BIRTH 90706

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

The 4th child

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

December 8th 1886

4. Place of Birth, (Street and Number)

No. 94 Hollington Ave

5. Full Name of Mother,

Mrs. Lucy M. Hay

6. Mother's Maiden Name,

Miss Lucy Humphreys

7. Mother's Birthplace,

Chapman H. Country N. C.

8. Full Name of Father,

Mr. C. H. Meyer M. Hay

9. Father's Occupation,

Engineer

10. Father's Birthplace,

Scotland

Name of Medical Attendant, or other Person who makes this Return.

Louisa Chivers

Address,

No. 546 Canton Ave

Remarks,

RETURN OF A BIRTH 90707

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 12th

1. Sex (state whether male or female), Male

2. Race or Color (if not of the white race), White

3. Date of Birth, Dec 18, 1886

4. Place of Birth (Street and Number), 6 Albemarle St

5. Full Name of Mother, Minnie J. T.

6. Mother's Maiden Name, Susan

7. Mother's Birthplace, Russia

8. Full Name of Father, Louis J. T.

9. Father's Occupation, Clerk

10. Father's Birthplace, Russia

Name of Medical Attendant, or other person who makes this Return, Rodolph J. J.

Address, 6 Albemarle St

Remarks,



For each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH, 90708

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

No. Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether male or female) Male

2. Race or Color, (if not of the white race) Colored. Charles L. Redfield

3. Date of Birth 18th Dec 1884

4. Place of Birth, (Street and Number) 124 Duncan Alley

5. Full Name of Mother Mary Eliza Redfield

6. Mother's Maiden Name M. E. Lewis

7. Mother's Birthplace Baltimore Md

8. Full Name of Father Columbus S. Redfield

9. Father's Occupation Ship Chandler

10. Father's Birthplace Baltimore Md

Name of Medical Attendant, or other Person who makes this Return. ~~William Campbell~~

Address 119 Union Alley near corner

Remarks mother small & well

RETURN OF A BIRTH 90709

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

5th

Sex, (state whether male or female)

Male

Race or Color, (if not of the white race)

White

Date of Birth,

Dec 18th -

Place of Birth, (Street and Number)

N. Front St. North of Constitution

Full Name of Mother,

Catherine Wiscoll

Mother's Maiden Name,

Yenlon

Mother's Birthplace,

Virginia

Full Name of Father,

Dennis Wiscoll

Father's Occupation,

Shoe Shop -

Father's Birthplace,

Ireland

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,

Wm. Whitehead

RETURN OF A BIRTH ⁹⁰⁷¹⁰

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

3rd

Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

June 15, 1886

4. Place of Birth, (Street and Number)

200 Hammond St

5. Full Name of Mother,

William C. Smith

6. Mother's Maiden Name,

" " " " " "

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

John Smith

9. Father's Occupation,

Slater

Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return

Frederick Cooper M.D.

Address,

218 Hammond St

Remarks,

For each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 90711

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *11th Child*

1. Sex (state whether male or female),

2. Race or Color (if not of the white race), *White*

3. Date of Birth, *September 18, 1886*

4. Place of Birth (Street and Number), *N. Belknap St. No. 416.*

5. Full Name of Mother, *Barbara Scheppler*

6. Mother's Maiden Name, *Barbara Kearn*

7. Mother's Birthplace, *Balt^o City*

8. Full Name of Father, *Christoph. Scheppler*

9. Father's Occupation, *Ophthalmologist*

10. Father's Birthplace, *Balt^o City*

Name of Medical Attendant, or other person who makes this return. *Mary E. Müller*

Address, *N. Dallas St. No. 114. new*

Remarks,



RETURN OF A BIRTH 90712

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2nd Child*

1. Sex (state whether ~~male~~ or female),

2. Race or Color (if not of the white race), *White*

3. Date of Birth, *December the 18, 1886.*

4. Place of Birth (Street and Number), *N. Wolfe St. No. 417*

5. Full Name of Mother, *Susanna Müller*

6. Mother's Maiden Name, *Susanna Heuser*

7. Mother's Birthplace, *Balt^e City*

8. Full Name of Father, *Ludwig Müller*

9. Father's Occupation, *Clerk*

10. Father's Birthplace, *Balt^e City*

11. Name of Medical Attendant, *Mary E. Müller*

Address, *N. Dallas St. No. 114 new*

Remarks,



for each offense, to be recovered as civil fines and forfeitures are recoverable.

Who shall be liable for this to comply with the provisions of this section shall be subjected to the fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 90713

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether male or female),

2. Race or Color (if not of the white race),

3. Date of Birth,

4. Place of Birth (Street and Number),

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks,

Male

Dec 18 1886

Smith

Baltimore

John P. Smith

Child

Bills

Mrs Mary Edward

92 W. Donagh

RETURN OF A BIRTH 90714

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

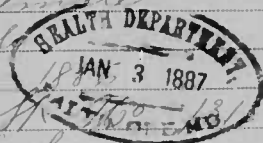
No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, 11/11/11

Dec 18 1887



4. Place of Birth, (Street and Number) 11411

5. Full Name of Mother, Mary Cathman

6. Mother's Maiden Name, Weaver

7. Mother's Birthplace, Balto Md

8. Full Name of Father, Henry Cathman

9. Father's Occupation, Expressman

10. Father's Birthplace, Balto Md

Name of Medical Attendant, or other Person who makes this Return, Mrs R. Odling

Address, 1302 Hollands St

Remarks,

RETURN OF A BIRTH. 90715

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, &c.)

1. Sex, (state whether male or female) *Female*

2. Race or Color, (if not of the white race) *Colored*

3. Date of Birth *Dec 18 1886*

4. Place of Birth, (Street and Number) *1007 Woodysart*

5. Full Name of Mother, *ella kennett*

6. Mother's Maiden Name, *ella mason*

7. Mother's Birthplace, *West River m d*

8. Full Name of Father, *alfred kennett*

9. Father's Occupation, *oyster shucker*

10. Father's Birthplace, *Balvert Co*

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,



or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 90716

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2 Children*

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *18 Jan 1877*

4. Place of Birth, (Street and Number) *220 N. Pratt St.*

5. Full Name of Mother, *Mary Kelly*

6. Mother's Maiden Name, *Mary Kelly*

7. Mother's Birthplace, *Ireland*

8. Full Name of Father, *Thomas Kelly*

9. Father's Occupation, *Labourer*

10. Father's Birthplace, *Ireland*

Name of Medical Attendant, or other Person who makes this Return. *Mrs. Seeburg*

Address, *735 91 Pratt St.*

Remarks,



RETURN OF A BIRTH

90716a

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 children

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, 18

4. Place of Birth, (Street and Number) 220 Madison St

5. Full Name of Mother, Mary Kelly

6. Mother's Maiden Name, Mary Kelly

7. Mother's Birthplace, Ireland

8. Full Name of Father, Thomas Kelly

9. Father's Occupation, Laborer

10. Father's Birthplace, Ireland

Name of Medical Attendant, or other Person who makes this Return, M. C. Coughlin

Address, 735 W. Pratt Street

Remarks,

for each offense to be recovered as other laws and forfeitures are recoverable.

RETURN OF A BIRTH 90717

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

4

(90717)



1. Sex, (state whether male or female)

Girl

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Dec 18/86

4. Place of Birth, (Street and Number)

10 Hill St

5. Full Name of Mother,

Rachel Teicher

6. Mother's Maiden Name,

Rachel Alenovich

7. Mother's Birthplace,

Russia

8. Full Name of Father,

Joseph Teicher

9. Father's Occupation,

Grocery store

10. Father's Birthplace,

Russia

Name of Medical Attendant,

or other Person who makes this Return.

Mrs R. Goldsmith

Address,

874 Sharp St

Remarks,

for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 90718

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7 child

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,

WHITE 31

15 December

120 Burgundy St Baltimore

Mary Elisabeth Kistner

Mary Elisabeth Braun

Prussian State of Germany

Gustav Henry Braun

Carpenter

Prussian State of Germany

Mrs Bunge

711 Grand St 1886

for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 90119.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

8th

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth

December 19th 1886

4. Place of Birth, (Street and Number)

No. 1 Henrietta St.

5. Full Name of Mother,

Ellen Mc Falco

6. Mother's Maiden Name,

Ellen Mc Klemmott

7. Mother's Birthplace,

Baltimore, Md.

8. Full Name of Father,

George Mc Falco

9. Father's Occupation,

Loan Smith

10. Father's Birthplace,

Washington, D. C.

Name of Medical Attendant, or other Person who makes this Return.

John Morris M.D.

Address,

No 115 Franklin St.

Remarks,

Persons who shall furnish false or untrue information, or who shall furnish information with intent to defraud, shall be subject to the fine of ten dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. ⁹⁰⁷²⁰

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *fourth*

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race)

3. Date of Birth

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

11. Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,

For each offense to be recovered as other laws and ordinances are recoverable.

RETURN OF A BIRTH ⁹⁰⁷²¹

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, Dec 19 1886

4. Place of Birth, (Street and Number) 221 East Lombard

5. Full Name of Mother, Deed Todd

6. Mother's Maiden Name, " Kinvin

7. Mother's Birthplace, Ind

8. Full Name of Father, Samuel Todd

9. Father's Occupation, Mariner

10. Father's Birthplace, Ind

Name of Medical Attendant, or other Person who makes this Return, Dr. H. H. Hagerman

Address, Broadway 100 Health

Remarks, 7 months gestation

for each office to be recovered as other lines and furnishings are recoverable.

RETURN OF A BIRTH 90722

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) male

2. Race or Color, (if not of the white race) white

3. Date of Birth, Nov. 17th 1882

4. Place of Birth, (Street and Number) 144 E. Lombard

5. Full Name of Mother, Annie Lipschultz

6. Mother's Maiden Name, Gerschlager

7. Mother's Birthplace, Europe

8. Full Name of Father, Isaac Lipschultz

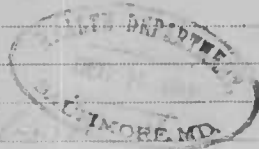
9. Father's Occupation, Carpenter

10. Father's Birthplace, Europe

Name of Medical Attendant, or other Person who makes this Return, M. L. Bernstein

Address, 122 N. Union St.

Remarks,



For each of these to be recorded as either birth and death records are required.

RETURN OF A BIRTH

90723

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Sex, (state whether male or female)

Race or Color, (if not of the white race)

Date of Birth,

Place of Birth, (Street and Number)

Full Name of Mother,

Mother's Maiden Name,

Mother's Birthplace,

Full Name of Father,

Father's Occupation,

Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,

Female
Colored

December 19th 1886

87 Bacc St

Lizza Birk

Lizza Burt

Sumner's Cem H-a

Henry Birk

Bookman

Washington

Miss Caroline Jordan

No 3 State St

RETURN OF A BIRTH 90724

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

second

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Dec. 19

4. Place of Birth, (Street and Number)

159 H. Foul St.

5. Full Name of Mother,

Martha Seeborg

6. Mother's Maiden Name,

Germany

7. Mother's Birthplace,

8. Full Name of Father,

Chas. Seeborg

9. Father's Occupation,

Translator

10. Father's Birthplace,

Germany

Name of Medical Attendant, or other Person who makes this Return

Frank C. Brisch

Address,

117 B. St.

Remarks,

RETURN OF A BIRTH ⁹⁰⁷²⁵

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Second*

1. Sex, (state whether male or female) *Female*

2. Race or Color, (if not of the white race) *Colored*

3. Date of Birth, *December 19th 1886*

4. Place of Birth, (Street and Number) *119 Diamond St.*

5. Full Name of Mother, *Annie Clark*

6. Mother's Maiden Name, *Gough*

7. Mother's Birthplace, *St. Marys Co., Md.*

8. Full Name of Father, *Henry Clark*

9. Father's Occupation, *Driver*

10. Father's Birthplace, *St. Marys Co., Md.*

Name of Medical Attendant, or other Person who makes this Return. *Amelia Johnson*

Address, *125 E. Hamilton St.*

Remarks,

CERTIFICATE CORRECTED 1-15-54

RETURN OF A BIRTH 9026

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Katherine Eleanor Harpel

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2*

1. Sex (state whether male or female), *female*

2. Race or Color (if not of the white race), *white*

3. Date of Birth, *Nov 19 1886*

4. Place of Birth (Street and Number), *651 Mulberry and no 182*

5. Full Name of Mother, *Laura E Harpel Harpel*

6. Mother's Maiden Name, " " *Marsden*

7. Mother's Birthplace, *Ind*

8. Full Name of Father, *Louis Harpel Harpel*

9. Father's Occupation, *manager for a firm*

10. Father's Birthplace, *Ind*

Name of Medical Attendant, or other person who makes this Return, *G Lane Janykui*

Address, *922 Madison ave*

Remarks, *slony of womb: any labor instruments*



RETURN OF A BIRTH⁹⁰⁷⁵⁷

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st child December 19, 1886*

1. Sex, (state whether male or female) *male child*

2. Race or Color, (if not of the white race) *Colored child*

3. Date of Birth, *Monday 19 of December 1886*

4. Place of Birth, (Street and Number) *Chesnut Street No. 320*

5. Full Name of Mother, *Miss Mary Pratt*

6. Mother's Maiden Name, *Miss Mary Case*

7. Mother's Birthplace, *Born in Baltimore City*

8. Full Name of Father, *Mr. Napoleon Pratt*

9. Father's Occupation, *he is a waiter*

10. Father's Birthplace, *Born in Baltimore City*

Name of Medical Attendant, or other Person who makes this Return *Robert M. H. H. H. H. H.*

Address,

Remarks, *Darkie Gable N. 308 Chesnut Street*

any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offense, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH 90728

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Sex, (state whether male or female)

Race or Color, (if not of the white race)

Date of Birth,

Place of Birth, (Street and Number)

Full Name of Mother,

Mother's Maiden Name,

Mother's Birthplace,

Full Name of Father,

Father's Occupation,

Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,

1st
Female
White

Dec 19th

Frederick Hotel Park Ave

Hutchins
McCaffrey

Balt
Geo H. Hutchins

Clerk

Balt

Wm Whiteidge

RETURN OF A BIRTH ⁹⁰⁷²⁹

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2nd

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Dec. 19/86

4. Place of Birth, (Street and Number)

152 So. Broadway

5. Full Name of Mother,

Amelia Hecht

6. Mother's Maiden Name,

Amel. Doplitz

7. Mother's Birthplace,

Baltimore City

8. Full Name of Father,

Meyer C. Hecht

9. Father's Occupation,

Merchant

10. Father's Birthplace,

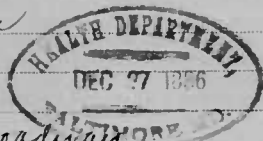
Baltimore City

Name of Medical Attendant, or other Person who makes this Return

Address,

226 So. Broadway

Remarks,



any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offense, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH⁹⁰⁷³⁰

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.) *First*

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race) *Colored*

3. Date of Birth, *Dec 19*

4. Place of Birth, (Street and Number) *907 N. Eutan St.*

5. Full Name of Mother, *Susan Coates*

6. Mother's Maiden Name, *Susan Neigh*

7. Mother's Birthplace, *Calvert County Md*

8. Full Name of Father, *Chas Henry Coates*

9. Father's Occupation, *cook*

10. Father's Birthplace, *Frederick County Md*

Name of Medical Attendant, or other Person who makes this Return *Edward G Mackenzie M.D.*

Address, *206 W. Franklin St.*

Remarks,



RETURN OF A BIRTH 90781

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Na. of Child of Mather, (state whether 1st, 2d, 3d, &c.)

the 3^d

1. Sex (state whether male or female),

female

2. Race or Color (if nat of the white race),

white

3. Date of Birth,

December

1907

4. Place of Birth (Street and Number),

12-903 Russell St. Baltimore

5. Full Name of Mather,

Elisabeth Flatau Thal

6. Mather's Maiden Name,

Elisabeth Flatau

7. Mather's Birthplace,

Baltimore, Md.

8. Full Name of Father,

Stephan Thal

9. Father's Occupation,

Piano Maker

10. Father's Birthplace,

Germany

Name of Medical Attendant, or other person who makes this Return.

Miss M. M. M.

Address,

see Sackerhall St.

Remarks,

GIVEN NAME ADDED 3-28-56

RETURN OF A BIRTH 90732

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

John Michael Miller
No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *3*

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race)

3. Date of Birth,

Dec 19th 1886

4. Place of Birth, (Street and Number) *251 Alexander St*

5. Full Name of Mother,

Roxey Miller

6. Mother's Maiden Name,

Lee

7. Mother's Birthplace,

Indy

8. Full Name of Father,

Andrew Miller

9. Father's Occupation,

Laborer

10. Father's Birthplace,

Indy

Name of Medical Attendant, or other Person who makes this Return.

Lizz Betz

Address,

200 Front St

Remarks,



For each office to be returned to the Registrar of Vital Statistics, Board of Health, Baltimore City.

RETURN OF A BIRTH 90734

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th
1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Dec 19 1886 Child named Edwin Baldwin Regan, Jr.
4. Place of Birth, (Street and Number) 1513 E. Monument St
5. Full Name of Mother, Helen Augusta Reynolds
6. Mother's Maiden Name, McComber
7. Mother's Birthplace, Saratoga Co. N. Y.
8. Full Name of Father, Daniel Reynolds
9. Father's Occupation, General Agent
10. Father's Birthplace, Baltimore
- Name of Medical Attendant, or other Person who makes this Return. E. C. Baldwin
- Address, 3041 N. E. Peter
- Remarks,

RETURN OF A BIRTH 90735

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Second.

1. Sex, (state whether male or female)

Female.

2. Race or Color, (if not of the white race)

White.

3. Date of Birth,

19th

December 1886

4. Place of Birth, (Street and Number)

1024

McHenry St.

5. Full Name of Mother,

Mary Roesser

6. Mother's Maiden Name,

Mary Pomegran

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

John Roesser

9. Father's Occupation,

Furniture Mfg.

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return

Mrs. C. Seebach

Address,

No. 725 W. Pratt Street

Remarks,

RETURN OF A BIRTH 90736

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. Sex (state whether male or female), Female

2. Race or Color (if not of the white race), White

3. Date of Birth, December 20th. 1886

4. Place of Birth (Street and Number), No 555 E. Monument St.

5. Full Name of Mother, Emma Louis

6. Mother's Maiden Name, Emma Ebeson

7. Mother's Birthplace, Baltimore County

8. Full Name of Father, August Louis

9. Father's Occupation, Laborer

10. Father's Birthplace, Baltimore

11. Name of Medical Attendant, or other person who makes this Return, M. A. Butth.

Address, 185 S. E. cor Central av. & Monument St.

Remarks, 617 All Well.

For each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH⁹⁶⁷³⁷

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st.

1. Sex, (state whether male or female)

female

2. Race or Color, (if not of the white race)

Colored

3. Date of Birth,

Dec. 20th 1886

4. Place of Birth, (Street and Number)

33 D Mullikin St.

5. Full Name of Mother,

Rebecca Harris

6. Mother's Maiden Name,

Thompson

7. Mother's Birthplace,

Petersburg Va

8. Full Name of Father,

Cornelius Harris

9. Father's Occupation,

Labourer.

10. Father's Birthplace,

Petersburg Va

Name of Medical Attendant,

or other Person who makes this Return

Yvonne Anderson

Address,

30 Mc Tubbin St.

Remarks,



only persons of ten dollars for each offense, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH 90738

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd / 3rd Twin

1. Sex (state whether male or female), Male and Female

2. Race or Color (if not of the white race),

3. Date of Birth, 22nd November 1880

4. Place of Birth (Street and Number), 4 Wilkeson

5. Full Name of Mother, Kate Burns

6. Mother's Maiden Name, Sullivan

7. Mother's Birthplace, Ball

8. Full Name of Father, John Burns

9. Father's Occupation, Miner

10. Father's Birthplace, Ball

Name of Medical Attendant, or other person who makes this Return, J. W. Heston

Address, 226 Burnside

Remarks,

RETURN OF A BIRTH ⁹⁰⁷³⁹

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st (1st)*

1. Sex, (state whether male or female) *Female*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *December 20, 1886*

4. Place of Birth, (Street and Number) *1013 North Broadway*

5. Full Name of Mother, *Mrs. Sarah C. Harris*

6. Mother's Maiden Name. *Miss Sarah C. Carback*

7. Mother's Birthplace, *Baltimore City Md.*

8. Full Name of Father, *Mr. Samuel Herman Harris*

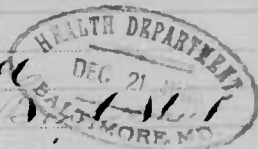
9. Father's Occupation, *Butter Dealer*

10. Father's Birthplace, *Aquia County Virginia*

Name of Medical Attendant, or other Person who makes this Return. *Wm. C. Gooden M.D.*

Address, *No. 118 North Broadway*

Remarks,



for each office to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 90740

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *3rd*

1. Sex, (state whether male or female) *male*

2. Race or Color, (if not of the white race) *white*

3. Date of Birth *Nov. 20th 1886*

4. Place of Birth, (Street and Number) *65th Main St.*

5. Full Name of Mother, *Sarah Pinnebaum*

6. Mother's Maiden Name,

7. Mother's Birthplace, *Europe*

8. Full Name of Father, *Moses Pinnebaum*

9. Father's Occupation, *Tailor*

10. Father's Birthplace, *Europe*

Name of Medical Attendant, or other Person who makes this Return. *Thos. S. Hamilton*

Address, *220 E. Federal St.*

Remarks,

RETURN OF A BIRTH 90741

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,

The 3 Child
Male
White
Dec 23
1890
1220 W. 12th St.
No 1105 5th St.
Salli Martin
Salli Davis
Chicago
William Martin
Carpenter
Baltimore
Dr Ch Lauer
No 1059 Harford Ave
Bal Md
1886

RETURN OF A BIRTH 90742

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,

RETURN OF A BIRTH 90743

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

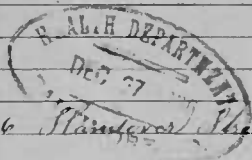
No. of Child of Mother, (state whether 1st, 2nd, 3rd, etc.) Henry Raymond Umstead
 1. Sex (state whether male or female) Male
 2. Race or Color, (if not of the white race) White
 3. Date of Birth, Dec. 20th, 1886
 4. Place of Birth, (Street and Number) 44 N. Hillman (old no)
 5. Full Name of Mother, Bertie Umstead
 6. Mother's Maiden Name, Bertie Proctor
 7. Mother's Birthplace, B. C.
 8. Full Name of Father, Ray Umstead
 9. Father's Occupation, Painter
 10. Father's Birthplace, B. C.
 11. Name of Medical Attendant, or other Person who makes this Return Samuel F. Hill
 Address, 17 N. Hillman St.
 Remarks, CITY NAME ADDED. 4-14-52

RETURN OF A BIRTH, 90744

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

- No. ☒ Child of Mother, (state whether 1st, 2d, 3d, &c.) 3
1. Sex (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth December 20th 1886
4. Place of Birth, (Street and Number) Baltimore 1926 Stansford Street
5. Full Name of Mother Mary Skipper
6. Mother's Maiden Name Mary Cooper
7. Mother's Birthplace Baltimore
8. Full Name of Father John Skipper
9. Father's Occupation Boilermaker
10. Father's Birthplace Baltimore
- ☒ Name of Medical Attendant, or other Person who makes this Return. Mrs. Elizabeth Danielson
- Address 1824 Bayard Street
- Remarks Both mother and child are doing well.



RETURN OF A BIRTH 90445

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

5th

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

Colored

3. Date of Birth

Dec. 20th 1884

4. Place of Birth, (Street and Number)

30 Pierce St

5. Full Name of Mother,

Mary Brown

6. Mother's Maiden Name,

Mary Twistle

7. Mother's Birthplace,

Exeter Va

8. Full Name of Father,

Benj. Brown

9. Father's Occupation,

Labour

10. Father's Birthplace,

Charles Co. Md

Name of Medical Attendant, or other Person who makes this Return.

Margaret Wilson

Address,

Baltimore

Remarks,

for each offense to be recovered as other laws and regulations.

RETURN OF A BIRTH.

90746

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

1. ☒ of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2nd child*
1. Sex (state whether male or female) *male*
2. Race or Color (if not of the white race) *white*
3. Date of Birth *20th of Dec*
4. Place of Birth (Street and Number) *Trinco Court 2221*
5. Full Name of Mother *Barbara Miller*
6. Mother's Maiden Name *Barbara Schmidt*
7. Mother's Birthplace *Gerach Bavaria*
8. Full Name of Father *Philip Miller*
9. Father's Occupation *carter*
10. Father's Birthplace *Baltimore*
- ☒ Name of Medical Attendant, or other Person who makes this Return. *Mr. Geo. H. Fisher*
- Address *27. E. Madison St. Balt.*
- Remarks *///*



RETURN OF A BIRTH ⁹⁰⁷⁴⁷

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

white

3. Date of Birth,

Dec 20/1886

4. Place of Birth, (Street and Number)

1551 N. Fulton Ave

5. Full Name of Mother,

See L. Bald

6. Mother's Maiden Name.

" " Lea

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

W. Charles Bald

9. Father's Occupation,

Painter

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return.

Rebecca Blizzard

Address,

1553 N. Fulton Ave

Remarks,

all right & healthy mother doing well

RETURN OF A BIRTH 90748

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mather, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mather,

6. Mather's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,

Baltimore Johnson St. No. 152

Wm. Schuman

Schultz

Baltimore

George Schuman

Labourer

Baltimore

Elizabeth Slattery

Light St. No. 522 1914

RETURN OF A BIRTH 90749

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2nd

1. Sex, (state whether male or female)

male

2. Race or Color, (if not of the white race)

white

3. Date of Birth,

Dec. 20/86

4. Place of Birth, (Street and Number)

118 S. Lexington av.

5. Full Name of Mother,

Mary Barnett

6. Mother's Maiden Name,

Hand

7. Mother's Birthplace,

Balto. city

8. Full Name of Father,

Jas. Barnett

9. Father's Occupation,

Painter

10. Father's Birthplace,

Balto. city

Name of Medical Attendant, or other Person who makes this return.

R. W. Mansfield M.D.

Address,

129 Broadway

Remarks,

RETURN OF A BIRTH 40750

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex (state whether male or female), Female

2. Race or Color (if not of the white race),

3. Date of Birth, Dec 20 1886

4. Place of Birth (Street and Number), 304 S. High St.

5. Full Name of Mother, Clara A. Parker

6. Mother's Maiden Name, Hobbs

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Geo. A. Parker

9. Father's Occupation, Baker

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Mary H. H. H.

Address, 1427 E. Pratt St.

Remarks,

RETURN OF A BIRTH 90751

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *First.*
1. Sex, (state whether male or female) *Female.*
2. Race or Color, (if not of the white race) *White.*
3. Date of Birth, *Nov. 20th 1887.*
4. Place of Birth, (Street and Number) *Maternite, 1134 115 W. Lombard St.*
5. Full Name of Mother, *Louisa Bierman*
6. Mother's Maiden Name, *D. A.*
7. Mother's Birthplace, *Germany.*
8. Full Name of Father, _____
9. Father's Occupation, _____
10. Father's Birthplace, _____
- Name of Medical Attendant, or other Person who makes this Return. *L. F. Conklin, M.D.*
- Address, *1134 115 W. Lombard St.*
- Remarks, _____

RETURN OF A BIRTH ^{10/32}

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

4

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

20 Dec.

4. Place of Birth, (Street and Number)

20 S. Charles St.

5. Full Name of Mother,

Julia Vincent Bowling

6. Mother's Maiden Name,

Fleming

7. Mother's Birthplace,

City

8. Full Name of Father,

Thos. Bowling

9. Father's Occupation,

Pilot

10. Father's Birthplace,

St. Mary's Co. Md.

Name of Medical Attendant, or other Person who makes this Return

C. P. Davis M.D.

Address,

1835 E. Baltimore St.

Remarks,



To a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH 907.53

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5 Harry
1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Dec 20, 1886
4. Place of Birth, (Street and Number) 224 Harrison St
5. Full Name of Mother, Lea Roman
6. Mother's Maiden Name, Lea Gehlert
7. Mother's Birthplace, Russia
8. Full Name of Father, Isaac Roman
9. Father's Occupation, Storekeeper
10. Father's Birthplace, Russia
- Name of Medical Attendant, or other Person who makes this Return, E. Sebesman
- Address, E. L. Berman St. No. 103.
- Remarks,

RETURN OF A BIRTH 90754

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2d.*
1. Sex, (state whether male or female) *Male*
2. Race or Color, (if not of the white race) *White.*
3. Date of Birth, *December 20th.*
4. Place of Birth, (Street and Number) *130 S. Poppleton St.*
5. Full Name of Mother, *Emma G. Latchford.*
6. Mother's Maiden Name, *Spicer.*
7. Mother's Birthplace, *Virginia*
8. Full Name of Father, *George Winifred Latchford.*
9. Father's Occupation, *Clerk. P. & O.*
10. Father's Birthplace, *Maryland.*
- Name of Medical Attendant, or other Person who makes this Return, *Wm. G. Latchford.*
- Address, *1 E. Columbia & Fremont aves.*
- Remarks, *Child in good physical condition & living*

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d.
1. Sex, (state whether male or female) Male.
2. Race or Color, (if not of the white race) White.
3. Date of Birth, December 30th
4. Place of Birth, (Street and Number) 338 Selma Place
5. Full Name of Mother, Louisa Clark
6. Mother's Maiden Name, Jordan.
7. Mother's Birthplace, Pennsylvania
8. Full Name of Father, George W. Clark.
9. Father's Occupation, Salesman.
10. Father's Birthplace, Pennsylvania
- Name of Medical Attendant, or other person who makes this return, J. N. Aldridge
- Address, 412 Columbia & Fremont aves.
- Remarks, Child in good physical condition & living

RETURN OF A BIRTH 90756

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

3th

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

3. Date of Birth,

Dec 20th 1886

4. Place of Birth, (Street and Number)

586 Maryland St

5. Full Name of Mother,

Laura Connor

6. Mother's Maiden Name,

" " Dickson

7. Mother's Birthplace,

Edg

8. Full Name of Father,

William Connor

9. Father's Occupation,

Beer Driver

10. Father's Birthplace,

City

Name of Medical Attendant, or other Person who makes this Return

Lizzy Bely

Address,

120 Hanover

Remarks,



RETURN OF A BIRTH 90757

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether male or female),

2. Race or Color (if not of the white race),

3. Date of Birth,

4. Place of Birth (Street and Number),

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

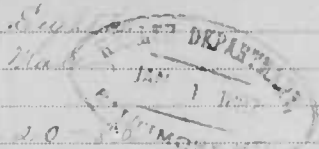
9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return.

Address, ...

Remarks,



Dec 20 1890

1223 St. ...

Frank M. ...

...

Frank M. ...

...

...

...

Mr. Mary ...

12 Mc ...

RETURN OF A BIRTH 90758

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female) *Female*

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number) *22 Block St.*

5. Full Name of Mother, *Mary Mayhew*

6. Mother's Maiden Name, *Winta*

7. Mother's Birthplace, *Ireland*

8. Full Name of Father, *William Mayhew*

9. Father's Occupation, *Low Sweeper*

10. Father's Birthplace, *City*

Name of Medical Attendant, or other Person who makes this Return, *Dr. B. B. B.*

Address, *1200 B. B. B.*

Remarks,



RETURN OF A BIRTH 90759

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *7th*
1. Sex, (state whether male or female) *Male*
2. Race or Color, (if not of the white race) *White race*
3. Date of Birth, *20th of December*
4. Place of Birth, (Street and Number) *518 S Fremont and Paca St*
5. Full Name of Mother, *William Minnie Robinson*
6. Mother's Maiden Name, *Leck*
7. Mother's Birthplace, *State of Md*
8. Full Name of Father, *John Wiley Robinson*
9. Father's Occupation, *Steward*
10. Father's Birthplace, *State of Md*
- Name of Medical Attendant, or other Person who makes this Return, *Mrs Gange*
- Address, *711 E 18th St 1852*
- Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *7th*
1. Sex, (state whether male or female) *Female*
2. Race or Color, (if not of the white race)
3. Date of Birth. *26th Dec 1886*
4. Place of Birth, (Street and Number) *512 First Ave*
5. Full Name of Mother, *Charlotte Caskey*
6. Mother's Maiden Name, *Houston*
7. Mother's Birthplace, *Baltimore*
8. Full Name of Father, *Joseph Caskey*
9. Father's Occupation, *Ship Joiner*
10. Father's Birthplace, *Baltimore*
- Name of Medical Attendant, or other Person who makes this Return, *Elizabeth Spawell*
- Address, *516 First Ave*
- Remarks,



For each affix to be returned as other lines and conditions are favorable.

RETURN OF A BIRTH 90761

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex (state whether male or female), Male

2. Race or Color (if not of the white race), White

3. Date of Birth, December 21st 1886

4. Place of Birth (Street and Number), No 113 Madonia Alley

5. Full Name of Mother, Nettie Gerlach

6. Mother's Maiden Name, Nettie Best

7. Mother's Birthplace, Germany Balto.

8. Full Name of Father, Louia Gerlach

9. Father's Occupation, Butcher

10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, M. A. Butt

Address, 185 S.E. on Central av. & Monument St.

Remarks, All Well

RETURN OF A BIRTH 90762

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *First*

1. Sex, (state whether male or female) *Female*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *Dec 21st 1896*

4. Place of Birth, (Street and Number) *19 Potomac St*

5. Full Name of Mother, *Mary*

6. Mother's Maiden Name, *O'Hara*

7. Mother's Birthplace, *U.S.A.*

8. Full Name of Father, *Peter Moran*

9. Father's Occupation, *laborer*

10. Father's Birthplace, *U.S.A.*

☒ Name of Medical Attendant, or other Person who makes this Return. *E. J. [illegible]*

Address, *2826 E. [illegible] St*

Remarks,

RETURN OF A BIRTH 90763

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st.

1. Sex (state whether male or female),

Female

2. Race or Color (if not of the white race),

White

3. Date of Birth,

December 21st. 1862.

4. Place of Birth (Street and Number),

234 N. Bond St.

5. Full Name of Mother,

Robwina Mohr

6. Mother's Maiden Name,

Robwina Delacy

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Chas. Mohr

9. Father's Occupation,

Stone Moulder

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other person who makes this Return.

M. A. B. M.

Address, 185 S. E. cor Central av. & Monument St.

Remarks, All Well

RETURN OF A BIRTH 90764

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

11. Name of Medical Attendant, or other Person who makes this return.

Address,

Remarks,

DEPARTMENT
FEBRUARY 15 1888
WHITE
DEC 21 88

61 Haysford Ave.

Annie Doyle

Burns

Ireland

James Doyle

Labourer

Maryland

J. H. Robinson M.D.

725 Grand Ave

December 21 1886
RETURN OF A BIRTH 90765

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *2*
1. Sex, (state whether male or female) *Male*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth *December 18*
4. Place of Birth, (Street and Number) *Hanover St 139*
5. Full Name of Mother, *Margaret March*
6. Mother's Maiden Name, *Margaret Shelden*
7. Mother's Birthplace, *Baltimore*
8. Full Name of Father, *Charles March*
9. Father's Occupation, *Coal Dealer*
10. Father's Birthplace, *Baltimore*
- Name of Medical Attendant, or other Person who makes this Return. *R. M. Gasky*
- Address, *No 213 Heath St*
- Remarks, *Doing well*



RETURN OF A BIRTH, 90766

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.) 3

1. Sex (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth Baltimore December 21st

4. Place of Birth, (Street and Number) Baltimore 1808 Byrd Street

5. Full Name of Mother Frause Fole

6. Mother's Maiden Name Frause Kelly

7. Mother's Birthplace Baltimore

8. Full Name of Father Adam Fole

9. Father's Occupation Cardriver

10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mrs. Elizabeth Donaldson

Address 1824 Byrd Street

Remarks Mother and child are doing well.



RETURN OF A BIRTH 90767

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

fourth

1. Sex (state whether male or female),

male

2. Race or Color (if not of the white race),

white

3. Date of Birth,

Dec 21

4. Place of Birth (Street and Number),

315 S. George

5. Full Name of Mother,

Mary Peris

6. Mother's Maiden Name,

Mary Peris

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

William Peris

9. Father's Occupation,

Engineer

10. Father's Birthplace,

Scotland

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks,



RETURN OF A BIRTH 90768

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, 21st December

4. Place of Birth, (Street and Number) Baltimore near Montrose St

5. Full Name of Mother, Emily Jane Sheppard

6. Mother's Maiden Name, Emily Jane Webb

7. Mother's Birthplace, Elliotts City

8. Full Name of Father, Frederick Sheppard

9. Father's Occupation, Produce dealer

10. Father's Birthplace, Germany

Name of Medical Attendant, or other Person who makes this Return, Mrs. E. Dumas

Address, 1927 H. Lombard St

Remarks,

RETURN OF A BIRTH 90769

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether male or female),

2. Race or Color (if not of the white race),

3. Date of Birth,

4. Place of Birth (Street and Number),

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

11. Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks,



345 East

Regina L. Linder

Barr

Anglica

West Baltimore

West Baltimore

American

J. L. Linder, M.D.

330 Hanover

RETURN OF A BIRTH 90770

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

December 21 1886

4. Place of Birth, (Street and Number)

Baltimore Coockes St 1112

5. Full Name of Mother,

Elisa Korll

6. Mother's Maiden Name,

Elisa Sprekelman

7. Mother's Birthplace,

Germany

8. Full Name of Father,

Robert Korll

9. Father's Occupation,

Laborer

10. Father's Birthplace,

Holland

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,



RETURN OF A BIRTH 90771

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Na. of Child of Mather, (state whether 1st, 2d, 3d, &c.) 6th.

1. Sex (state whether male or female), Female

2. Race or Color (if not of the white race), White

3. Date of Birth, December 21st. 1886

4. Place of Birth (Street and Number), No. 411 S. Gay St.

5. Full Name of Mother, Mary King

6. Mother's Maiden Name, Mary Main

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Frank M. King.

9. Father's Occupation, Carpenter

10. Father's Birthplace, Ireland

Name of Medical Attendant, or other person who makes this Return. M. A. Butt

Address, 185 S. E. cor. Central av. & Monument St

Remarks, All Well

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

9 (90772)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,

Female
White
Dec 24, 1897
St. 242
Rebecca Rogers
Rebecca Rogers
New York
Benjamin H. Woodman
Shipper
Baltimore
Susan Morgan
1247 N. Spring St.

RETURN OF A BIRTH 907 73

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether ~~male~~ or female)

2. Race or Color, (if not of the white race)

3. Date of Birth

4. Place of Birth, (Street and Number) No 111 V Bond st

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

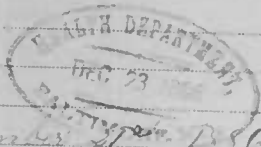
9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,



for each offence to be preserved as other files and forfeitures are recoverable.

RETURN OF A BIRTH.

90774

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

- ☒ Child of Mother, (state whether 1st, 2d, 3d, &c.) *These make seven (7)*
 1. Sex (state whether male or female) *Male and Female.*
 2. Race or Color (if not of the white race) *Colored.*
 3. Date of Birth *Dec. 21, 1886*
 4. Place of Birth (Street and Number) *#257 Park Ave.*
 5. Full Name of Mother *Martha Gibson.*
 6. Mother's Maiden Name *Martha Winder.*
 7. Mother's Birthplace *Virginia.*
 8. Full Name of Father *James Gibson.*
 9. Father's Occupation *General Carpenter.*
 10. Father's Birthplace *Maryland.*
☒ Name of Medical Attendant, or other person who makes this Return. *James Brown, M.D.*
 Address *1216 John St.*
 Remarks *Balto. Md.*

RETURN OF A BIRTH 90775

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

(90775)

1. Sex, (state whether male or female)

White

2. Race or Color, (if not of the white race)

female

3. Date of Birth,

21 December

4. Place of Birth, (Street and Number)

23 Orleans St

5. Full Name of Mother,

Rose Mahan

6. Mother's Maiden Name,

Shreibert

7. Mother's Birthplace,

Balt

8. Full Name of Father,

Ed Mahan

9. Father's Occupation,

Upholsterer

10. Father's Birthplace,

Europe

Name of Medical Attendant, or other Person who makes this Return.

Mrs R. Albig

Address,

Remarks,

* 48 Hollander St

RETURN OF A BIRTH 90746

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

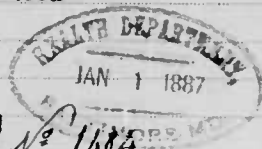
No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2^d Child*

1. Sex (state whether ~~male~~ or female),
2. Race or Color (if not of the white race), *White*
3. Date of Birth, *December 4th, 21, 1886.*
4. Place of Birth (Street and Number), *E. Monument A, No 1484.*
5. Full Name of Mother, *Barbara Stuckrath*
6. Mother's Maiden Name, *Barbara Hofferbert*
7. Mother's Birthplace, *Bald^d City*
8. Full Name of Father, *Georg Stuckrath*
9. Father's Occupation, *Shoemaker*
10. Father's Birthplace, *Bald^d City*

Name of Medical Attendant, or other person who makes this Return.

Address, *N. Dallas St. No 114 new*

Remarks,



RETURN OF A BIRTH ⁹⁰⁷⁷⁷

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *first one*

Sex, (state whether male or female) *female*

Race or Color, (if not of the white race) *color*

Date of Birth, *one week Tuesday 21*

Place of Birth, (Street and Number) *No. 8 Stockton st.*

Full Name of Mother, *Arsenie Simonson*

Mother's Maiden Name, _____

Mother's Birthplace, *Baltimore, MD.*

Full Name of Father, *Brice Whitherton*

Father's Occupation, *Oyster Schucker*

Father's Birthplace, *West River*

Name of Medical Attendant, _____ or other Person who makes this Return

Address, *Harroyley Lane 141*

Remarks, _____



to a fine of ten dollars for each offense, to be recovered, as other fines and penalties are recovered.

RETURN OF A BIRTH 90778

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 11

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) Colored

3. Date of Birth, Dec 21 1896

4. Place of Birth, (Street and Number) 1115 Guilford St.

5. Full Name of Mother, Rosa Turner

6. Mother's Maiden Name, Rosa Coleman

7. Mother's Birthplace, Eastern Shore Md.

8. Full Name of Father, Wm. Turner

9. Father's Occupation, Laborer

10. Father's Birthplace, Halifax Co. Va.

Name of Medical Attendant, or other Person who makes this Return, Miss Lucy Relford

Address, 1115 No 432 Regester Street Balt. Md.

Remarks,



RETURN OF A BIRTH.

90779

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

1. Sex (state whether Male or Female) *Male*
2. Race or Color (if not of the white race) *Colored*
3. Date of Birth *Dec 21st 1886*
4. Place of Birth (Street and Number) *912 Wollen St City*
5. Full Name of Mother *Emma Dorsey*
6. Mother's Maiden Name *E. Handy*
7. Mother's Birthplace *Boston Md*
8. Full Name of Father *Frank Dorsey*
9. Father's Occupation *Porter*
10. Father's Birthplace *Fredrick Md*
- Name of Medical Attendant, or other Person who makes this Return. *Mrs Jane D. Cost*
- Address *17 Hamilton St*
- Remarks



RETURN OF A BIRTH 907 80

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female)

male

2. Race or Color, (if not of the white race)

Colored

3. Date of Birth,

21 September

4. Place of Birth, (Street and Number)

Baltimore, 417 E. Madison St.

5. Full Name of Mother,

Walter G. Johnson

6. Mother's Maiden Name,

Clara G. Johnson

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Richard Johnson

9. Father's Occupation,

Traveller

10. Father's Birthplace,

West River

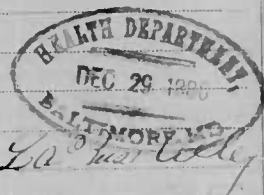
Name of Medical Attendant, or other Person who makes this Return.

Annie Johnson

Address,

710 Lyman Street

Remarks,



RETURN OF A BIRTH 90781

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race)

3. Date of Birth,

Jan 3 1886

4. Place of Birth, (Street and Number) 121 S. 1st St

5. Full Name of Mother,

Liza Shiner

6. Mother's Maiden Name,

Wheeler

7. Mother's Birthplace,

Germany

8. Full Name of Father,

George Shiner

9. Father's Occupation,

Laborer

10. Father's Birthplace,

Germany

Name of Medical Attendant, or other Person who makes this Return.

Liza Bell

Address,

121 S. 1st St

Remarks,



RETURN OF A BIRTH 90782

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

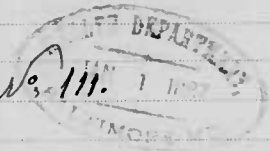
No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2nd Child*

1. Sex (state whether male or female),
2. Race or Color (if not of the white race), *White*
3. Date of Birth, *December the 21, 1886.*
4. Place of Birth (Street and Number), *N. Dallas St. No. 111.*
5. Full Name of Mother, *Katharine Lang*
6. Mother's Maiden Name, *Katharine Frick*
7. Mother's Birthplace, *Balt^o City*
8. Full Name of Father, *Joseph Lang*
9. Father's Occupation, *Laborer*
10. Father's Birthplace, *Balt^o City*

Name of Medical Attendant, or other person who makes the Return.

Address, *N. Dallas St. No. 114 new*

Remarks,



RETURN OF A BIRTH 90783

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st.

1. Sex, (state whether male or female) Br

2. Race or Color, (if not of the white race) White

3. Date of Birth, Sunday Dec 27th 1886

4. Place of Birth, (Street and Number) 194 Harford Ave

5. Full Name of Mother, Susan Slater

6. Mother's Maiden Name, Susan Wwail

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Robert Slater

9. Father's Occupation, Streetcar

10. Father's Birthplace, England

Name of Medical Attendant, or other Person who makes this Return, William Buntou M.D.

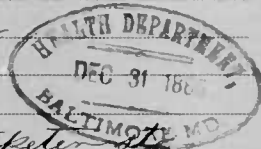
Address, Chas St & Homut Plac

Remarks,

RETURN OF A BIRTH 90784

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) (1) One
1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Dec 21st / 86
4. Place of Birth, (Street and Number) Wm #708 St Peter St
5. Full Name of Mother, Kunie Mihm
6. Mother's Maiden Name, Kunie Warner
7. Mother's Birthplace, Europe
8. Full Name of Father, John A Mihm
9. Father's Occupation, Porter
10. Father's Birthplace, Balt city
- Name of Medical Attendant, or other Person who makes this Return, Mrs. Bauger
- Address, 711 Broad St
- Remarks,



RETURN OF A BIRTH 90785

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,

fifth

male

white

December 21st

8 New Center St.

Auguste Wockenfuss

A. Ristau

W. Prussia Germany

Friedrich Wockenfuss

Blacksmith

W. Prussia Germany

M. C. Schuch

233 N. South Street



RETURN OF A BIRTH 90786

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Boy

2. Race or Color, (if not of the white race) White

3. Date of Birth, Dec 2/86

4. Place of Birth, (Street and Number) 263 Monroe St.

5. Full Name of Mother, Jennie Bernman

6. Mother's Maiden Name, Jennie Blum

7. Mother's Birthplace, Russia

8. Full Name of Father, Moses Bernman

9. Father's Occupation, Clothing Store

10. Father's Birthplace, Russia

Name of Medical Attendant, or other Person who makes this Return, Mr. R. G. Schmidt

Address, 87 Sharp St.

Remarks,



RETURN OF A BIRTH 90787

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Third*
1. Sex, (state whether male or female) *Male*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *Dec 21st 1895*
4. Place of Birth, (Street and Number) *McDonnell 1134 115 W. Lombard St.*
5. Full Name of Mother, *Emma Newman*
6. Mother's Maiden Name, *D. A.*
7. Mother's Birthplace, *Virginia*
8. Full Name of Father,
9. Father's Occupation,
10. Father's Birthplace,
- Name of Medical Attendant, or other Person who makes this Return. *L. F. Conkinn M.D.*
- Address, *113 & 115 W. Lombard St.*
- Remarks,

RETURN OF A BIRTH 90788

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *First*

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

3. Date of Birth,

21 Dec 1889

4. Place of Birth, (Street and Number)

Baltimore No 254

5. Full Name of Mother,

Mary Rupp

6. Mother's Maiden Name,

Mary Mitchell

7. Mother's Birthplace,

Baltimore M. D.

8. Full Name of Father,

George Rupp

9. Father's Occupation,

Seaton

10. Father's Birthplace,

Baltimore M. D.

Name of Medical Attendant, or other Person who makes this Return.

Mrs Shaffer

Address,

1139 R. d. st.

Remarks,



RETURN OF A BIRTH 90789

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

3rd

1. Sex (state whether male or female),

Male

2. Race or Color (if not of the white race),

3. Date of Birth,

21st

Dec

1890

4. Place of Birth (Street and Number),

183

St. (D.K. 31)

5. Full Name of Mother,

Anna M. DePue

6. Mother's Maiden Name,

E. M. DePue

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

John M. DePue

9. Father's Occupation,

Carpenter

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other person who makes this Return.

W. H. DePue

Address,

100 Baltimore

Remarks,

RETURN OF A BIRTH 90790

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Sex, (state whether male or female)

Race or Color, (if not of the white race)

Date of Birth,

Place of Birth, (Street and Number)

Full Name of Mother,

Mother's Maiden Name,

Mother's Birthplace,

Full Name of Father,

Father's Occupation,

Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,

Female
Caucasian
Dec 22 1st City
Baltimore St 26
Emily Malden
Eliza
Baltimore Md
John Malden
Porter
Winchester, Md
Eliza
Baltimore
Baltimore St 109

RETURN OF A BIRTH 90791

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

6th Child

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

22nd Dec 1897

4. Place of Birth, (Street and Number)

328 New Number Street Baltimore

5. Full Name of Mother,

Lena Mueller

6. Mother's Maiden Name,

" Westermann

7. Mother's Birthplace,

In Baltimore

8. Full Name of Father,

John Mueller

9. Father's Occupation,

Cooper

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return.

Auguste Bessier

Address,

924 Sharp St

Remarks,

RETURN OF A BIRTH 90792

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2nd*
1. Sex, (state whether male or female) *Female*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *22 December* DEC 24
4. Place of Birth, (Street and Number) *N. Calvert*
5. Full Name of Mother, *Elizabeth M. S. Miller*
6. Mother's Maiden Name, *Elizabeth Steinmetz*
7. Mother's Birthplace, *Phila.*
8. Full Name of Father, *Berlin Miller*
9. Father's Occupation, *Corn Merchant*
10. Father's Birthplace, *Phila.*
- Name of Medical Attendant, or other Person who makes this Return. *C. B. Gamble*
- Address, *59 Cathedral*
- Remarks, *///*

RETURN OF A BIRTH 90793

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1.

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

Colored

3. Date of Birth,

Dec 22 1886.

4. Place of Birth, (Street and Number)

1066. Chapel Street

5. Full Name of Mother,

Hannier Lockins.

6. Mother's Maiden Name,

Hannier Bond.

7. Mother's Birthplace,

Hartford Conn.

8. Full Name of Father,

James Edward Lockins

9. Father's Occupation,

Croackman.

10. Father's Birthplace,

Cambridge Rochester Co

11. Name of Medical Attendant, or other Person who makes this Return.

Frederic Morgan

Address,

No 47. W H Urban St.

Remarks,

Baltimore Th 22 1887

RETURN OF A BIRTH. 90794

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *9*

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth

December 2

4. Place of Birth, (Street and Number)

Hill Street

5. Full Name of Mother,

Genney Hooper

6. Mother's Maiden Name,

Genney Lightner

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Joseph Hooper

9. Father's Occupation,

House Carpenter

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return.

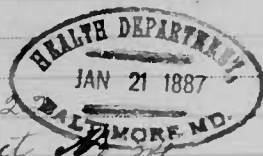
Dr. M. C. Key

Address,

No 213 Heath St

Remarks,

Doing well



RETURN OF A BIRTH 90795

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd child

1. Sex (state whether male or female), female

2. Race or Color (if not of the white race), White

3. Date of Birth, Dec 22nd

4. Place of Birth (Street and Number), 741 Mulberry St

5. Full Name of Mother, Mrs. F. Marion Russell

6. Mother's Maiden Name, Anna P. Starr

7. Mother's Birthplace, City

8. Full Name of Father, F. Marion Russell

9. Father's Occupation, Carpenter

10. Father's Birthplace, City

Name of Medical Attendant, or other person who makes this Return. A. F. Hill M.D.

Address, 1001 Edmondson Ave

Remarks,

RETURN OF A BIRTH 90796

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. Sex, (state whether male or female) male

2. Race or Color, (if not of the white race) white

3. Date of Birth, Dec. 22nd 1886

4. Place of Birth, (Street and Number) 228 Stemmers St.

5. Full Name of Mother, Caroline Jones

6. Mother's Maiden Name,

7. Mother's Birthplace, Baltimore

8. Full Name of Father, William Jones

9. Father's Occupation, Laborer

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return, Mrs. C. Bernstein

Address, 122 S. Exeter St.

Remarks,

RETURN OF A BIRTH 90797

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether male or female),

2. Race or Color (if not of the white race),

3. Date of Birth,

4. Place of Birth (Street and Number),

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

11. Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks,



307 Chestnut
Anna S. S. S.
Giles
Charles S. S.
Salmon
America
Johnson, Wiley
3300 Hanover

RETURN OF A BIRTH. 90798

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 7
1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) W. it
3. Date of Birth Dec 22. 1886
4. Place of Birth, (Street and Number) 1. Charles St. one door from St. J.
5. Full Name of Mother, Katie Barnes
6. Mother's Maiden Name, Regan
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Frank Barnes Dead.
9. Father's Occupation, _____
10. Father's Birthplace, _____
- Name of Medical Attendant, or other Person who makes this Return. Wm. C. Lough
- Address, C. Lough, 11-2
- Remarks, _____

RETURN OF A BIRTH 90799

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 7.

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) W

3. Date of Birth Dec 22 1886

4. Place of Birth, (Street and Number) 100 S. Calver St.

5. Full Name of Mother, Charles C. Barry

6. Mother's Maiden Name, Smith

7. Mother's Birthplace, Ireland

8. Full Name of Father, Wm Barry

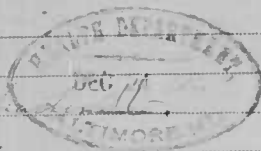
9. Father's Occupation, House painter

10. Father's Birthplace, Ireland

Name of Medical Attendant, Wm. C. C. Barry
or other Person who makes this Return.

Address, 13-2 S. Huntington St.

Remarks,



RETURN OF A BIRTH ⁹⁰⁸⁰⁰

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd
1. Sex, (state whether male or female) male.
2. Race or Color, (if not of the white race) Colored.
3. Date of Birth, Dec 22nd 1886.
4. Place of Birth, (Street and Number) 226 Bradford Alley.
5. Full Name of Mother, Becca Matthews.
6. Mother's Maiden Name, Becca Howard.
7. Mother's Birthplace, Maryland.
8. Full Name of Father, Thos Matthews.
9. Father's Occupation, Cystracker.
10. Father's Birthplace, Ind.
- Name of Medical Attendant, or other Person who makes this Return. Mr Samuel D. Riley.
- Address, 228 Bradford Alley.
- Remarks,

RETURN OF A BIRTH. 90801

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 22
1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth December 22
4. Place of Birth, (Street and Number) E. Balt 1434
5. Full Name of Mother, Amanda Schleuth
6. Mother's Maiden Name, Lines
7. Mother's Birthplace, Bucks County Pa
8. Full Name of Father, Joseph Schleuth Jr
9. Father's Occupation, Basket Maker
10. Father's Birthplace, Balt Md
- Name of Medical Attendant, or other Person who makes this Return. William J. Johnson
- Address, 1436 Canton Ave
- Remarks, _____

RETURN OF A BIRTH 90802

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,

1

Male

white

Dec. 22nd.

247 Springton ave.

Helen Koetzle

" Baker

Germany

John Koetzle

Baker

Germany

E. L. Buddenb.

166 S. Paca st.

RETURN OF A BIRTH 90803

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mather, (state whether 1st, 2d, 3d, &c.) *1st*

1. Sex (state whether male or female), *Male*

2. Race or Color (if not of the white race), *White*

3. Date of Birth, *Dec 22*

4. Place of Birth (Street and Number), *520 German*

5. Full Name of Mother, *Margaret Kirchner*

6. Mather's Maiden Name, *Margaret Grosscup*

7. Mather's Birthplace, *Baltimore*

8. Full Name of Father, *Levin Kirchner*

9. Father's Occupation, *Plumber*

10. Father's Birthplace, *Germany*

Name of Medical Attendant, or other person who makes this Return.

Address, *Steligonda Dyler*
New No 529 Columbia and

Remarks,



RETURN OF A BIRTH

90804

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2nd

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Dec 22nd 1886

4. Place of Birth, (Street and Number)

374 S. Calver St

5. Full Name of Mother,

Julia C. White

6. Mother's Maiden Name,

" " "

7. Mother's Birthplace,

Philadelphia

8. Full Name of Father,

John P. White

9. Father's Occupation,

Steam Engineer

10. Father's Birthplace,

Waltham

Name of Medical Attendant, or other Person who makes this Return.

Theodore Cooper M.D.

Address,

578 Hammond St

Remarks,

RETURN OF A BIRTH 90805

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Dec 22 1887

4. Place of Birth, (Street and Number)

Harrison St No 52

5. Full Name of Mother,

Winnie Evans

6. Mother's Maiden Name,

Wheeler

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

John Evans

9. Father's Occupation,

Boatman

10. Father's Birthplace,

Germany

Name of Medical Attendant, or other Person who makes this Return.

Mrs R. Telling

Address,

1307 Holland St

Remarks,

RETURN OF A BIRTH ⁹⁰⁸⁰⁶

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

3d. Child

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

3. Date of Birth,

Dec 20 - 1886

4. Place of Birth, (Street and Number)

No 732 W. Baltimore St.

5. Full Name of Mother,

Mattie Meyer

6. Mother's Maiden Name,

" Same

7. Mother's Birthplace,

Baltimore.

8. Full Name of Father,

John Meyer

9. Father's Occupation,

Shoemaker

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return.

Annie Lindner

Address,

No 100 S. Monroe St.

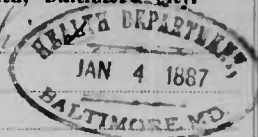
Remarks,

RETURN OF A BIRTH 90807

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2^d Child
Male



1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

December 22nd 1886

4. Place of Birth, (Street and Number)

No 247 Bruce St.

5. Full Name of Mother,

Caroline Bokemeyer

6. Mother's Maiden Name,

" " Langewisch

7. Mother's Birthplace,

Hannover

8. Full Name of Father,

James Bokemeyer

9. Father's Occupation,

Saloon Keeper

10. Father's Birthplace,

Hannover

Name of Medical Attendant, or other Person who makes this Return.

Annie P. Lindner

Address,

No 106 S. Howard St.

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

● Race or Color, (if not of the white race)

3. *Date of Birth,*

4. *Place of Birth, (Street and Number)*

5. Full Name of Mother,

6. *Mother's Maiden Name.*

7. *Mother's Birthplace,*

Ε. Full Name of Father,

9. *Father's Occupation,*

10. *Father's Birthplace.*

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,

RETURN OF A BIRTH 90809

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2

1. Sex (state whether male or female),

Female

2. Race or Color (if not of the white race),

3. Date of Birth,

Dec 23/86

4. Place of Birth (Street and Number),

No 136 Barch St

5. Full Name of Mother,

Margaret Johnson

6. Mother's Maiden Name,

Thomas

7. Mother's Birthplace,

Germany

8. Full Name of Father,

Julius Schwartz

9. Father's Occupation,

Carpenter

10. Father's Birthplace,

Germany

Name of Medical Attendant, or other person who makes this Return.

Mrs. Louise Kraft

Address,

No 405 S Washington St

Remarks,

RETURN OF A BIRTH 90810

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

4th

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth.

November 23rd 1886

4. Place of Birth, (Street and Number)

Baltimore 1826 Pratt St

5. Full Name of Mother,

Carolina Arnolds

6. Mother's Maiden Name,

Carolina Higgefort

7. Mother's Birthplace,

Cincinnati Ohio

8. Full Name of Father,

Matthias Arnolds

9. Father's Occupation,

Labourer

10. Father's Birthplace,

Duren Grodenwagthim Germany

Name of Medical Attendant, or other Person who makes this Return.

Mrs Rachel A Gaylord

Address,

1140 W Pratt Street

Remarks,

RETURN OF A BIRTH 90811

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

State

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth

December 23rd 1886

4. Place of Birth, (Street and Number)

Towson St

5. Full Name of Mother

Paulena Whittinghousen

6. Mother's Maiden Name

Paulena Long

7. Mother's Birthplace

Towson

8. Full Name of Father

Luebeck

Luebeck Whittinghousen

9. Father's Occupation

Laborer

10. Father's Birthplace

Towson

Name of Medical Attendant, or other Person who makes this Return

Miss Ethel

Address

No 13 Calvert St

Remarks

Baltimore

RETURN OF A BIRTH

90812

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

The 4th Child

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Dec 23 of December 1886

4. Place of Birth, (Street and Number)

No. 2338 McCleary

5. Full Name of Mother,

Annie Landwehr

6. Mother's Maiden Name,

Annie Fisher

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Frank Landwehr

9. Father's Occupation,

Brewer

10. Father's Birthplace,

Germany

Name of Medical Attendant, or other Person who makes this Return.

Dr. C. H. Sauer

Address,

No. 173 Maryland St

Remarks,

Bal Md

1886

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

— 2. Print

Sex. (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White.

3. *Date of Birth.*

December 23^d

4. *Place of Birth, (Street and Number)*

12-14-

5. *Full Name of Mother,*

Mamie Rossau

6. *Mother's Maiden Name.*

casualte

7. *Mother's Birthplace.*

Baltimore

8. *Full Name of Father,*

J. H. Ross

9. *Father's Occupation.*

Painter

10 Father's Birthplace.

Canada

Name of Medical Attendant, or other Person who makes this Return.

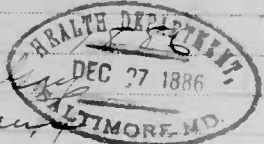
J. B. Schwatta M.D.
933 N. Gay St.

Address.

933 91. Gay St

Remarks.

This child has hare-lip.



RETURN OF A BIRTH ⁹⁰⁸¹⁴

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd child
1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Dec. 23rd / 86
4. Place of Birth, (Street and Number) 218 N. Biddle
5. Full Name of Mother, Kate W. Hodson
6. Mother's Maiden Name, Kate W. McConkey
7. Mother's Birthplace, West Bangor York Co.
8. Full Name of Father, William H. Hodson
9. Father's Occupation, Engineer
10. Father's Birthplace, York Co.
- Time of Medical Attendant, or other Person who makes this Return, D. P. Murphy M.D.
- Address, 78 Maryland av.
- Remarks,

RETURN OF A BIRTH 90815

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st

1. Sex, (state whether male or female)

male

2. Race or Color, (if not of the white race)

colored

3. Date of Birth,

Dec. 28.

4. Place of Birth, (Street and Number)

1018 Orchard street

5. Full Name of Mother,

Katie Bell

6. Mother's Maiden Name,

Wynna

7. Mother's Birthplace,

Montgomery county

8. Full Name of Father,

Prince George to m of John Bell

9. Father's Occupation,

Carpenter

10. Father's Birthplace,

Prince Georges county md

Name of Medical Attendant,

or other Person who makes this return.

Anni John

Address,

94 Tyson street

Remarks,

RETURN OF A BIRTH 90816

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

5 Child

1. Sex (state whether male or female),

Female

2. Race or Color (if not of the white race),

White

3. Date of Birth,

December 28

4. Place of Birth (Street and Number),

Elliott st # 3033 Canton

5. Full Name of Mother,

Sarah J. McLean

6. Mother's Maiden Name,

Sarah J. Martin

7. Mother's Birthplace,

Baltimore City

8. Full Name of Father,

Joseph McLean

9. Father's Occupation,

Blacksmith

10. Father's Birthplace,

Baltimore City

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks,



RETURN OF A BIRTH 90817

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8th

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, Dec 23 1880

4. Place of Birth, (Street and Number) 1009 South Ross St

5. Full Name of Mother, Mary O'Brien

6. Mother's Maiden Name, Mary Rafferty

7. Mother's Birthplace, Trenton New Jersey

8. Full Name of Father, Michael O'Brien

9. Father's Occupation, Glass Blower

10. Father's Birthplace, Charleston Mass

11. Name of Medical Attendant, or other Person who makes this Return, Chas. Wagner

Address, 711 Cross 1880

Remarks,

RETURN OF A BIRTH ⁹⁰⁸¹⁸

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2d

Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

white

3. Date of Birth,

Dec 23

4. Place of Birth, (Street and Number)

do 2536 Eastern Ave

5. Full Name of Mother,

Ann Mary Gray

6. Mother's Maiden Name,

Monahan

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Joseph Gray

9. Father's Occupation,

Labour

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return

Sarah P. Harrington

Address,

do 2235 Eastern Ave

Remarks,



RETURN OF A BIRTH ⁹⁰⁸¹⁹

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

8th

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Dec



4. Place of Birth, (Street and Number)

C/O. 39

5. Full Name of Mother,

Euphemia Stunnally

6. Mother's Maiden Name,

Euphemia Lenny

7. Mother's Birthplace,

Richmond Va

8. Full Name of Father,

John E Lenny

9. Father's Occupation,

Taper Hanger

10. Father's Birthplace,

Baltimore

M D

Name of Medical Attendant,

or other Person who makes this Return

Address,

Mrs Conway

Remarks,

RETURN OF A BIRTH 90820

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

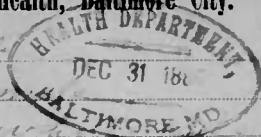
9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,



December the 23

Baltimore Bayad St No 15

Leola Garrison

Garrison

Annandale Co Md

Colman Garrison

Stone Cutter

Annandale Co Md

William Th. Huthorn

Eight St No 15

RETURN OF A BIRTH 90821

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) Colored

3. Date of Birth, December 23

4. Place of Birth, (Street and Number) 549 North

5. Full Name of Mother, Miss Mary K. Chamberlin

6. Mother's Maiden Name, Miss M. J. Moore

7. Mother's Birthplace, 107 Gasper St Baltimore

8. Full Name of Father, Tilghman Henry Dinkel Chamberlin

9. Father's Occupation, Cook & Waiter

10. Father's Birthplace, Centerville 30, And. Co. Md

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,



RETURN OF A BIRTH 90822

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5
1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) color
3. Date of Birth, September 23 1886
4. Place of Birth, (Street and Number) Fair St. 216
5. Full Name of Mother, Mary Ann
6. Mother's Maiden Name, Mary Ann
7. Mother's Birthplace, Baltimore Md
8. Full Name of Father, John Ann
9. Father's Occupation, Laborer
10. Father's Birthplace, Baltimore Md
11. Name of Medical Attendant, or other Person who makes this Return, Dr. John Ann
- Address, 216
- Remarks,



RETURN OF A BIRTH 90823

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,



White

Dec. 23rd 1886

421 Cumberland

Annie Davis

" Holbein

Baltimore Md

Alexander Davis

Conductor C. P. R. W. Co.

Levelland

A. L. S. [Signature]

855 N. Lombard

RETURN OF A BIRTH 90824

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

4th

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

23 Dec

4. Place of Birth, (Street and Number)

208 E Monument St

5. Full Name of Mother,

Shannah Grape

6. Mother's Maiden Name,

" Zigler

7. Mother's Birthplace,

Balto

8. Full Name of Father,

Edward Grape

9. Father's Occupation,

Clerk

10. Father's Birthplace,

Balto

Name of Medical Attendant, or other Person who makes this Return.

Mr J. L. Greeny

Address,

940 W Gay St

Remarks,



RETURN OF A BIRTH 908251

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2
Final
Male

1. Sex (state whether male or female),

2. Race or Color (if not of the white race),

3. Date of Birth,

4. Place of Birth (Street and Number),

Dec 10 1886
No. 100
Cecilia M. McCurdy
Master

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

Baltimore
Clinton M. McCurdy

9. Father's Occupation,

Barber

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other person who makes this Return.

McC. Mary Bellwell

Address,

25 McC. Sonagh St.

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

5th child

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

3. Date of Birth,

Dec 23rd 1886

4. Place of Birth, (Street and Number)

No. 330 Fulton St.

5. Full Name of Mother,

Theresa Miller

6. Mother's Maiden Name,

" " " "

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Simon Miller

9. Father's Occupation,

Carter

10. Father's Birthplace,

Hessen

Name of Medical Attendant, or other Person who makes this Return

Annie Sindner

Address,

No. 106 S. Main St.

Remarks,

RETURN OF A BIRTH 90827

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

4th

Sex, (state whether male or female)

Female

Race or Color, (if not of the white race)

White

Date of Birth,

December 23 - 86

Place of Birth, (Street and Number)

174 E Pratt St.

Full Name of Mother,

Rosa Rosmestad

Mother's Maiden Name,

Rosa Barditchiski

Mother's Birthplace,

Russia

Full Name of Father,

Simon Rosmestad

Father's Occupation,

Cigar Maker

Father's Birthplace,

Russia

Name of Medical Attendant, or other Person who makes this Return

Frank G. Meyer M.D.

Address,

1 St. Euter

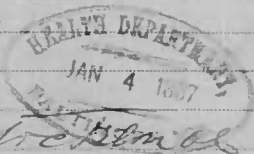
Remarks,



RETURN OF A BIRTH 90828

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4
1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Caucasian
3. Date of Birth, Dec 29/86
4. Place of Birth, (Street and Number) 1029 St. Paul St
5. Full Name of Mother, Lizzie Prouse
6. Mother's Maiden Name, Lizzie Prouse
7. Mother's Birthplace, Bucks
8. Full Name of Father, James Moody
9. Father's Occupation, Wagon
10. Father's Birthplace, Ind
11. Name of Medical Attendant, or other Person who makes this return, Jane Mollard
- Address, 16 E. B. St.
- Remarks, _____



RETURN OF A BIRTH 90829

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. Sex (state whether male or female), Female

2. Race or Color (if not of the white race), White

3. Date of Birth, 23 Dec 1887

4. Place of Birth (Street and Number), 37 Abbott St

5. Full Name of Mother, Kate Slovak

6. Mother's Maiden Name, Kate Harald

7. Mother's Birthplace, Bohemia

8. Full Name of Father, J. Slovak

9. Father's Occupation, Trades

10. Father's Birthplace, Bohemia

Name of Medical Attendant, or other person who makes this Return, Mary Lefsch

Address, 37 Abbott St

Remarks,



RETURN OF A BIRTH 90830

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

5th

1. Sex (state whether male or female),

Male

2. Race or Color (if not of the white race),

3. Date of Birth,

23rd Decr 1886

4. Place of Birth (Street and Number),

48 1/2 St

5. Full Name of Mother,

Kate Gehrly

6. Mother's Maiden Name,

Dougherty

7. Mother's Birthplace,

Ireland

8. Full Name of Father,

Patrick Gehrly

9. Father's Occupation,

Huckster

10. Father's Birthplace,

Ireland

Name of Medical Attendant, or other person who makes this Return.

Wm. Webster

Address,

106 Barrere

Remarks,

RETURN OF A BIRTH ⁹⁰⁸³¹

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name of child: *Arthur Henry Robinson*
 No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *4*

1. Sex (state whether male or female), *Male*
2. Race or Color (if not of the white race),
3. Date of Birth, *Dec 24/86*
4. Place of Birth (Street and Number), *No 613 S. Wolf St.*
5. Full Name of Mother, *Rosa Robinson*
6. Mother's Maiden Name, *Stocks*
7. Mother's Birthplace, *Baltimore*
8. Full Name of Father, *George Robinson*
9. Father's Occupation, *laborer*
10. Father's Birthplace, *Virginien*

Name of Medical Attendant, or other person who makes this Return, *Mrs. Louise Kraft*

Address, *No 405 S. Washington*

Remarks,

RETURN OF A BIRTH 90832

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

10th child

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

24th of Dec.

4. Place of Birth, (Street and Number)

No. 932, Bayview St., Balt.

5. Full Name of Mother,

Jessie M. Dummer

6. Mother's Maiden Name,

Jessie M. Trumble

7. Mother's Birthplace,

Im. Baltimore

8. Full Name of Father,

William Dummer

9. Father's Occupation,

Laborer

10. Father's Birthplace,

Germany

Name of Medical Attendant, or other Person who makes this Return

Auguste Bosian

Address,

927

Liberty

Remarks,

RETURN OF A BIRTH 90833

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2nd Child*
1. Sex, (state whether male or female) *Boy*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *24th of December 1886*
4. Place of Birth, (Street and Number) *123 North Mettman Alley*
5. Full Name of Mother, *Mary Pellon*
6. Mother's Maiden Name, *Mary Grady*
7. Mother's Birthplace, *Ireland*
8. Full Name of Father, *William Grady*
9. Father's Occupation, *Street Sweeper*
10. Father's Birthplace, *Ireland*
11. Name of Medical Attendant, or other Person who makes this Return, *Cecilia Kunkel*
- Address, *11 North Chapel street per Cecilia Kunkel*
- Remarks, *Healthy*

RETURN OF A BIRTH 90834

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (~~state whether 1st, 2d, 3d, &c.~~)

1. Sex, (~~state whether male or female~~)

2. Race or Color, (~~if not of the white race~~)

3. Date of Birth,

Dec. 24 10.35 P.M.

4. Place of Birth, (Street and Number)

N E Cor Fort Ave & Williams St

5. Full Name of Mother,

Mary Berger

6. Mother's Maiden Name,

" Brimer

7. Mother's Birthplace,

Balti

8. Full Name of Father,

John Berger

9. Father's Occupation,

Brimer

10. Father's Birthplace,

Balti

Name of Medical Attendant, or other Person who makes this Return.

Alfred Sherkess MD

Address,

1102 E Balto St

Remarks,

RETURN OF A BIRTH 90835

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

6

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth.

4. Place of Birth, (Street and Number)

5. Full Name of Mother.

6. Mother's Maiden Name,

7. Mother's Birthplace.

8. Full Name of Father.

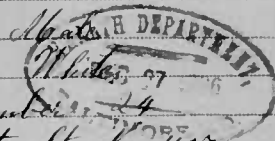
9. Father's Occupation.

10. Father's Birthplace.

Name of Medical Attendant, or other Person who makes this Return.

Address.

Remarks.



December 24
Hambert St. No 1107

Matta Daley

Matta Carroll

Ireland

Patrick Daley

Labourer

Ireland

Mrs Ethel

No 13 Cuba St

Baltimore

RETURN OF A BIRTH 90836

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *5-1*

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth. *December 24*

4. Place of Birth, (Street and Number) *Buba St*

5. Full Name of Mother. *Eugenia*

6. Mother's Maiden Name, *Eugenia*

7. Mother's Birthplace. *Germany*

8. Full Name of Father. *Fred Ferechtman*

9. Father's Occupation. *Lab.*

10. Father's Birthplace, *Germany*

Name of Medical Attendant, or other Person who makes this Return. *Mrs. Etel*

Address. *No 13 Buba St*

Remarks, *Baltimore*

RETURN OF A BIRTH 908347

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *The 1st Child*

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *Dec 24 of December No 1102 Preston*

4. Place of Birth, (Street and Number) *No 1102 Preston*

5. Full Name of Mother, *Lillie Ballinger*

6. Mother's Maiden Name, *Lillie Deeringer*

7. Mother's Birthplace, *Lansing, Cal*

8. Full Name of Father, *Edward F. Ballinger*

9. Father's Occupation, *Minister of the Gospel*

10. Father's Birthplace, *York Pa*

Name of Medical Attendant, or other Person who makes this Return. *Mrs Ch. Lauer*

Address, *No 178 Hazard Ave*

Remarks, *Cal. Md.*

1886

RETURN OF A BIRTH 90638

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd.

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, Friday Dec. 24th 1887

4. Place of Birth, (Street and Number) 30 Forrest Place Extended

5. Full Name of Mother, Estelle McLean White

6. Mother's Maiden Name, Estelle McLean

7. Mother's Birthplace, Balt. Md

8. Full Name of Father, Wm. G. White

9. Father's Occupation, Oil Merchant

10. Father's Birthplace, Balt. Md.

Name of Medical Attendant, or other Person who makes this Return, Wilmer Bristow M.D.

Address, Chas. St. 7 Forrest Place

Remarks,

RETURN OF A BIRTH ⁹⁰⁸³⁹

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

Black

3. Date of Birth,

24th

4. Place of Birth, (Street and Number)

Mores ably c/o 12

5. Full Name of Mother,

Ealen Gibson

6. Mother's Maiden Name,

Ealen Lee

7. Mother's Birthplace,

West Virginia

8. Full Name of Father,

George Gibson

9. Father's Occupation,

La Water

10. Father's Birthplace,

Carrol County Md

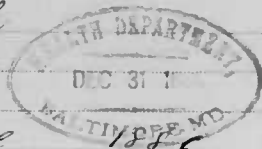
Name of Medical Attendant, or other Person who makes this Return

Lysia Somerville

Address,

Clinton avenue 616

Remarks,



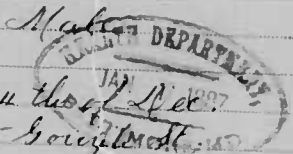
RETURN OF A BIRTH *90840*

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

11

1. Sex, (state whether male or female)



2. Race or Color, (if not of the white race)

3. Date of Birth,

24th of Dec.

4. Place of Birth, (Street and Number)

15 Gough St.

5. Full Name of Mother,

Johanna Nivert

6. Mother's Maiden Name,

Trueman

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Lucie Nivert

9. Father's Occupation,

Boilster

10. Father's Birthplace,

Germany

Name of Medical Attendant, or other Person who makes this Return

Sarah Casper

Address,

72 E. Lombard St.

Remarks,

for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

90841

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- Name: *Charles Howard Hill*
- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *the 4th child*
1. Sex, (state whether male or female) *Male*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *Dec 24th*
4. Place of Birth, (Street and Number) *No. 194 Columbia av*
5. Full Name of Mother, *Mrs Sarah R Hill*
6. Mother's Maiden Name, *Sarah R. Keisinger*
7. Mother's Birthplace, *Baltimore*
8. Full Name of Father, *Mr James W. Hill*
9. Father's Occupation, *Driver*
10. Father's Birthplace, *Baltimore*
- Name of Medical Attendant, or other Person who makes this Return. *Mr. Lammie*
- Address, *60 N. Charles St*
- Remarks,

RETURN OF A BIRTH 90842

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4. Child.

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White.

3. Date of Birth, December 24th, 1886.

4. Place of Birth, (Street and Number) 140 Hollins, Str.

5. Full Name of Mother, Mary, Anna, Wiegard,

6. Mother's Maiden Name, " " " " Blum

7. Mother's Birthplace, Catonsville, Balto. County,

8. Full Name of Father, Charles Wiegard,

9. Father's Occupation, a. Helpers

10. Father's Birthplace, Philadelphia, Pa.

Name of Medical Attendant, or other Person who makes this Return, Mr. Dunbar

Address, on N. Schuster St.

Remarks,

for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 90843

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Fifth

1. Sex (state whether male or female),

Male

2. Race or Color (if not of the white race),

3. Date of Birth,

Dec 24 1886

4. Place of Birth (Street and Number),

No 213 Ridge St

5. Full Name of Mother,

Laura J. Thomas

6. Mother's Maiden Name,

" " Jones

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Harry L. Thomas

9. Father's Occupation,

Can. Conductor

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other person who makes this Return.

Mrs Mary Russell

Address,

112 Mc Donough St

Remarks,

for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 90844

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Second

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

24th Dec 1886

4. Place of Birth, (Street and Number)

No. 1402 Wash Ave.

5. Full Name of Mother,

Delia Kelly

6. Mother's Maiden Name,

" Robinson

7. Mother's Birthplace,

Anundel County

8. Full Name of Father,

Robert Kelly

9. Father's Occupation,

Laborer

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return.

Mrs. C. Schubert

Address,

No. 235 W. Pratt Street

Remarks,

for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 90845

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Sex, (state whether male or female)

Race or Color, (if not of the white race)

Date of Birth,

Place of Birth, (Street and Number)

Full Name of Mother,

Mother's Maiden Name,

Mother's Birthplace,

Full Name of Father,

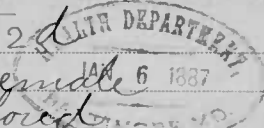
Father's Occupation,

Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,



2
Female
Colored
Dec 24th 1886
No 18-17 Vincent St Balt
Eliza McCall
Virginia
George McCall
Coachman
Virginia
Sarah Rollins

RETURN OF A BIRTH 90846

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *8th Child*



1. Sex (state whether male or female),
2. Race or Color (if not of the white race), *White*
3. Date of Birth, *December the 24, 1886.*
4. Place of Birth (Street and Number), *V. Durham St., No 1051.*
5. Full Name of Mother, *Hunigunde Kohl.*
6. Mother's Maiden Name, *Hunigunde Joller.*
7. Mother's Birthplace, *Apenstadt, K. Bayern, Germany*
8. Full Name of Father, *Andreas Kohl*
9. Father's Occupation, *Laborer*
10. Father's Birthplace, *Leraw, K. Bayern Germany*
11. Name of Medical Attendant, *or other person who makes this Return. Mary E. Müller*
- Address, *N. Dallas St. No 114,*

Remarks,

RETURN OF A BIRTH 90847

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

4

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Dec

4. Place of Birth, (Street and Number).

1005 B...

5. Full Name of Mother,

Mary E...

6. Mother's Maiden Name,

Erbe

7. Mother's Birthplace,

Balt

8. Full Name of Father,

Louis Eidman

9. Father's Occupation,

Coffee Merchant

10. Father's Birthplace,

Balt

Name of Medical Attendant, or other Person who makes this Return.

Chas R. Graham M.D.

Address,

136 Columbia Ave

Remarks,



For each offense to be recovered in any other case and for which any recovery is made.

RETURN OF A BIRTH ⁹⁰⁸⁴⁸

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, Nov. Dec. 25. 1886.

4. Place of Birth, (Street and Number) 400 South Wolfe St.

5. Full Name of Mother, Corrie Franz

6. Mother's Maiden Name, Carrie Angel

7. Mother's Birthplace, Germany

8. Full Name of Father, Valentin Franz

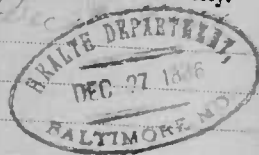
9. Father's Occupation, Cutler

10. Father's Birthplace, Germany

11. Name of Medical Attendant, or other Person who makes this Return, Mrs. Mary Arnold

Address, 131 South Wolfe St.

Remarks, OTD



for each offense to be recovered as other data and forfeitures are recoverable.

RETURN OF A BIRTH 90849

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3^d

1. Sex (state whether male or female), male

2. Race or Color (if not of the white race), white

3. Date of Birth, Christmas morn. Dec. 25, 1886

4. Place of Birth (Street and Number), 130 Mosher St near John

5. Full Name of Mother, Kate b. Pentz

6. Mother's Maiden Name, " " Matthews

7. Mother's Birthplace, N. b.

8. Full Name of Father, Thos M Pentz

9. Father's Occupation, salarman

10. Father's Birthplace, Md.

Name of Medical Attendant, or other person who makes this Return, G Lane Davenport

Address, 922 Madison ave.

Remarks, A Christmas carol at 6.45 a.m.

"And us a son is born."

For each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 90850

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.) *2th Child*

Sex, (state whether male or female) *Female*

2. Race or Color, (if not of the white race) *Colard*

3. Date of Birth. *25th December*

4. Place of Birth, (Street and Number) *Forster ally 1222*

5. Full Name of Mother. *Fannie Men Brown*

6. Mother's Maiden Name. *Fannie E. Charder*

7. Mother's Birthplace. *Dumsmille Essex County for m a*

8. Full Name of Father. *George E Brown*

9. Father's Occupation. *Writer*

10. Father's Birthplace. *Prince georg County and*

Name of Medical Attendant, or other Person who makes this Return. *Annie Johnson*

Address. *94 Tappan street*

Remarks.

For each reference to be recovered as other files and for the purpose of the State.

RETURN OF A BIRTH 90851

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, Nov 25th 1886

4. Place of Birth, (Street and Number) 1117 Washington Ave.

5. Full Name of Mother, Kate Gardner

6. Mother's Maiden Name, Lyons

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Charles E. Gardner

9. Father's Occupation, Laborer

10. Father's Birthplace, Carroll Co. Md.

Name of Medical Attendant, or other Person who makes this Return, H. H. Weber M.D.

Address, 814 W. Lombard St.

Remarks,

Let each of these forms be filled out by the Registrar of Vital Statistics, Baltimore City, and sent to the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

who shall hereinafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 90852

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex (state whether male or female), Male

2. Race or Color (if not of the white race),

3. Date of Birth, Dec 25/86

4. Place of Birth (Street and Number), No 163 Eastern Ave

5. Full Name of Mother, Kludla Schmidt

6. Mother's Maiden Name, Banelike

7. Mother's Birthplace, Norwegen

8. Full Name of Father, Adolph Schmidt

9. Father's Occupation, Laborer

10. Father's Birthplace, Norwegen

Name of Medical Attendant, or other person who makes this Return, Mrs. Louise Kraft

Address, No 405 S Washington St

Remarks,

RETURN OF A BIRTH 90853

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *First*
1. Sex, (state whether male or female) *Female*
2. Race or Color, (if not of the white race) *no later*
3. Date of Birth, *November 25th*
4. Place of Birth, (Street and Number) *833 Lexington Street*
5. Full Name of Mother, *Annie Catherine Plumm*
6. Mother's Maiden Name, *Annie Catherine Boehme*
7. Mother's Birthplace, *Richmond, Va.*
8. Full Name of Father, *Oscar Hermann Plumm*
9. Father's Occupation, *Lithographer*
10. Father's Birthplace, *Hechingen, Inst Germany.*
- Name of Medical Attendant, or other Person who makes this Return. *Mr. Kessler*
- Address, *40 North Howard St*
- Remarks,

for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 96854

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

1st

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth

25th of Decem

4. Place of Birth, (Street and Number)

Baltimore Lee st 522

5. Full Name of Mother,

Agnes Jubb

6. Mother's Maiden Name,

Agnes Hoffman

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

William Jubb

9. Father's Occupation,

Car Driver

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return.

Jane Simms

Address,

603 Howard st

Remarks,



RETURN OF A BIRTH ^{90 855}

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3^d

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, Dec. 25 1886

4. Place of Birth, (Street and Number) 803 Franklin

5. Full Name of Mother, Alice V. Butterfield

6. Mother's Maiden Name, Phillips

7. Mother's Birthplace, Pa.

8. Full Name of Father, David G. Butterfield

9. Father's Occupation, Public School Teacher

10. Father's Birthplace, New York

Name of Medical Attendant, Dr. Wm. H. M. M.
or other Person who makes this Return.

Address, 1821 Madison Ave.

Remarks,

any person or persons who shall neglect or fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offense, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH ⁹⁰⁸⁵⁷

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

8 Child

Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White Child

3. Date of Birth,

Born in Baltimore

4. Place of Birth, (Street and Number)

Lees st 123 - 139 new m o

5. Full Name of Mother,

Mary Lewis

6. Mother's Maiden Name,

Mary Caskey

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

John C. Lewis

9. Father's Occupation,

Builder

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return

Address,

Battery Row 131

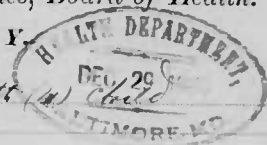
Remarks,

RETURN OF A BIRTH.

90858

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



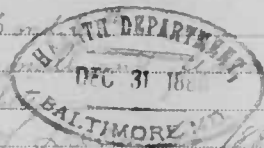
1. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Fourth (4) Child*
1. Sex (state whether male or female) *Female*
2. Race or Color (if not of the white race) *white*
3. Date of Birth *December 25th 1886*
4. Place of Birth (Street and Number) *1404 Mc. Elderry St.*
5. Full Name of Mother *Emma Regina Kelly*
6. Mother's Maiden Name *Nolan*
7. Mother's Birthplace *Balto. Ind.*
8. Full Name of Father *Bernard J. Kelly*
9. Father's Occupation *Clerk*
10. Father's Birthplace *Balto. Ind.*
11. Name of Medical Attendant, or other Person who makes this Return. *Francis A. Gauer M.D.*
- Address *439 N. Central Ave.*
- Remarks *Christmas gift*

For every portion of the copy of this Return which is not returned to the Office of the Registrar, the fee of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 90859

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *5th*
1. Sex (state whether male or female), *Both*
2. Race or Color (if not of the white race), *White*
3. Date of Birth, *25th Nov 1886*
4. Place of Birth (Street and Number), *No 16 2/4*
5. Full Name of Mother, *Elizabeth Starnes*
6. Mother's Maiden Name, *Elizabeth Starnes*
7. Mother's Birthplace, *Baltimore Md*
8. Full Name of Father, *Robert Starnes*
9. Father's Occupation, *Engineer*
10. Father's Birthplace, *Germany*
11. Name of Medical Attendant, *Dr. J. H. Starnes*
or other person who makes this Return.
- Address, *No. 1605 Chester St. Baltimore*
- Remarks,



RETURN OF A BIRTH 90860

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st & 1st*

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *December 25th 1897*

4. Place of Birth, (Street and Number) *Parkin st. 277*

5. Full Name of Mother, *Mrs. Mary Kate*

6. Mother's Maiden Name, *Mary Sharp*

7. Mother's Birthplace, *Philadelphia*

8. Full Name of Father, *Mr. John Edward Hale*

9. Father's Occupation, *Driver*

10. Father's Birthplace, *Baltimore Md*

Name of Medical Attendant, or other Person who makes this Return *Mrs. Isaac Sealash*

Address, *735 W Pratt street*

Remarks,

for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH ⁹⁰⁸⁶¹

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, Dec. 25th 1886

4. Place of Birth, (Street and Number) 724 E. Biddle St.

5. Full Name of Mother, Josephine E. Pining

6. Mother's Maiden Name, " " Luber

7. Mother's Birthplace, City

8. Full Name of Father, Frank G. Pining

9. Father's Occupation, Contractor

10. Father's Birthplace, City

Name of Medical Attendant, or other Person who makes this Return.

E. B. Fenby, M.D.

Address, 1201 N. Eden St.

Remarks,



RETURN OF A BIRTH 90862

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, JAN 4 1887

4. Place of Birth, (Street and Number) Baltimore, Tenn. 31

5. Full Name of Mother, Minnie Jefferson

6. Mother's Maiden Name, McCard

7. Mother's Birthplace, Winchester

8. Full Name of Father, Rufus Jefferson

9. Father's Occupation, Laborer

10. Father's Birthplace, Eliza

Name of Medical Attendant, or other Person who makes this Return, Elizabeth Kullman

Address, Light St. No. 1514

Remarks,

For each offense to be recovered as other fines and forfeitures are recoverable.

the Commissioner of Health, in the manner and within the period above required, and any such person who shall hereinafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 90863

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex (state whether male or female), Male

2. Race or Color (if not of the white race), White

3. Date of Birth, 25-2-1886

4. Place of Birth (Street and Number), 254 N. Gaffney St

5. Full Name of Mother, Mary Junda

6. Mother's Maiden Name, Mary Junda

7. Mother's Birthplace, Bohemia

8. Full Name of Father, John Junda

9. Father's Occupation, Miller

10. Father's Birthplace, Bohemia

Name of Medical Attendant, or other person who makes this Return.

Mary Keptish

Address, 675 Washington St

Remarks,



RETURN OF A BIRTH. 90864

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) Colored

3. Date of Birth Dec 25 1888

4. Place of Birth, (Street and Number) 165 S. Howard St.

5. Full Name of Mother, Sarah Joyner

6. Mother's Maiden Name, Sarah Porter

7. Mother's Birthplace, Northumberland county, Va.

8. Full Name of Father, Thomas Joyner

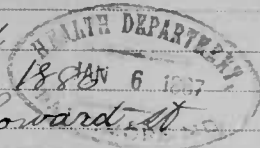
9. Father's Occupation, Porter

10. Father's Birthplace, Accomack county, Va.

Name of Medical Attendant, or other Person who makes this Return. School Teacher, Williams

Address, 165 S. Howard St.

Remarks, five dollars



RETURN OF A BIRTH ⁹⁰⁸⁶⁵

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Second*

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

3. Date of Birth,

25 Dec

4. Place of Birth, (Street and Number)

Baltimore Hamburg St

5. Full Name of Mother,

Mary Zellers

6. Mother's Maiden Name,

Mary Smith

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Edward Zellers

9. Father's Occupation,

Bricklayer

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return.

Mrs M. Shaffer

Address,

1130 Ridgely

Remarks,



RETURN OF A BIRTH 90866

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

3rd Child

Sex, (state whether male or female)

Male DEPARTMENT

2. Race or Color, (if not of the white race)

3. Date of Birth,

December 25th 1886

4. Place of Birth, (Street and Number)

857 Columbia Ave

5. Full Name of Mother,

Elizabeth Fortman

6. Mother's Maiden Name,

" Shaker

7. Mother's Birthplace,

Baltimore Md

8. Full Name of Father,

Charles Fortman

9. Father's Occupation,

Police

Father's Birthplace,

Baltimore Md

Name of Medical Attendant, or other Person who makes this Return.

Address,

Mrs Bunge

Remarks,

40 Cross St

for each offense to be recovered as other fine and forfeitures are recoverable.

RETURN OF A BIRTH 90867

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.)

9.

Sex, (state whether male or female)

Female

Race or Color, (if not of the white race)

Date of Birth,

25 Dec 1886.

Place of Birth, (Street and Number)

N. 174. Gerstner Avenue, Locas.

Full Name of Mother,

Amalia Larson

Baltimore, Md.

Mother's Maiden Name,

Amalia Larlqvist

Mother's Birthplace,

Harvanger, Norge, Europas.

Full Name of Father,

Lars, Larson.

Father's Occupation,

Med.

0. Father's Birthplace,

Koppavik, Norge, Europas.

Name of Medical Attendant,

or other Person who makes this Return

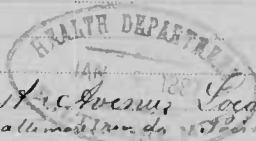
Ellin. J. Smittv.

Address,

Eastover

1913.

Remarks.



CORRECTION

**The preceding document has been re-
photographed to assure legibility and its
image appears immediately hereafter.**

RETURN OF A BIRTH 90867

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

9.

Sex, (state whether male or female)

Female

Race or Color, (if not of the white race)

Date of Birth,

25 Dec. 1885.

Place of Birth, (Street and Number)

No. 114. Gerst. Avenue, Largo.
Baltimore, Md.

Full Name of Mother,

Amalia Larson

Mother's Maiden Name,

Amalia Salquist

Mother's Birthplace,

Staranger, Norge. Europa.

Full Name of Father,

Lars. Larsen.

Father's Occupation,

Med.

Father's Birthplace,

Kopparvik, Norge. Europa.

Name of Medical Attendant, or other Person who makes this Return

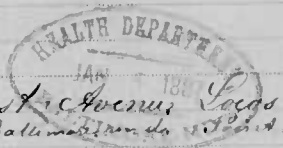
Ellin. Smith.

Address,

Eastover

1913.

Remarks,



RETURN OF A BIRTH 90868

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th child
- Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) white
3. Date of Birth, 26th
4. Place of Birth, (Street and Number) South Calhoun Street No. 213
5. Full Name of Mother, Mary Magdalena Weidenhamer
6. Mother's Maiden Name, Ricklar
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Edward Weidenhamer
9. Father's Occupation, Piano-maker
10. Father's Birthplace, Germany
- Name of Medical Attendant, or other Person who makes this Return, Mrs. Dumlau
- Address, 66 North Schuylkill St.
- Remarks,

RETURN OF A BIRTH 90869

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st.

Sex (state whether male or female), Female.

2. Race or Color (if not of the white race)

3. Date of Birth, Dec 26/86.

4. Place of Birth (Street and Number), 37 N. Egle St.

5. Full Name of Mother, Margaret E. Volk.

6. Mother's Maiden Name, Hoffeld.

7. Mother's Birthplace, Balto.

8. Full Name of Father, Philip H. Volk.

9. Father's Occupation, Merchant.

10. Father's Birthplace, Balto.

Name of Medical Attendant, or other person who makes this Return, Edward P. Menden.

Address, 20 P. Weymouth St.

Remarks,



This card is to be filled out by the mother or other person who makes this return, and is to be retained by the Registrar of Vital Statistics, Baltimore City, for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 90870

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *5th*
1. Sex, (state whether male or female) *Male*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *Nov. 26th 1886*
4. Place of Birth, (Street and Number) *819 McHenry St.*
5. Full Name of Mother, *Lida Ross Vinyard*
6. Mother's Maiden Name, *Mason*
7. Mother's Birthplace, *Virginia*
8. Full Name of Father, *George Louis Vinyard*
9. Father's Occupation, *Driver*
10. Father's Birthplace, *Baltimore*
- Name of Medical Attendant, or other Person who makes this Return, *H. W. Wepner M.D.*
- Address, *814 W. Lombard St.*
- Remarks,

for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 90871

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

William Howard Reibert
No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female) *Male*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *December 26th - 1886*
4. Place of Birth, (Street and Number) *No. 26 Knox Alley*
5. Full Name of Mother, *Anna Louise Reibert*
6. Mother's Maiden Name, *Anna Louise Pinfurst*
7. Mother's Birthplace, *Germany*
8. Full Name of Father, *Ernst Reibert*
9. Father's Occupation, *Marble Polisher*
10. Father's Birthplace, *Germany*
- Name of Medical Attendant, or other Person who makes this Return, *Mrs D. Amler*
- Address, *60 No. Schuader St.*
- Remarks, *0 GIVEN NAME ADDED. 10-1-52*

for each address to be recovered as other names and surnames are recoverable.

RETURN OF A BIRTH 90872

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,

White
Dec 26, 1887

36

S. Schroeder

Mary E. Allen

Hooper

Culver Co Md

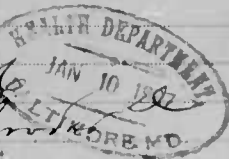
Thos. H. Allen

Trimmer

Baltimore Md

A. L. Spencer

855 N. Lombard



RETURN OF A BIRTH 90873

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.)

2

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Dec 26 86.

4. Place of Birth, (Street and Number)

78 Payson St.

5. Full Name of Mother,

Emma Snyder

6. Mother's Maiden Name,

" Metcalf

7. Mother's Birthplace,

Penn.

8. Full Name of Father,

E. E. Snyder

9. Father's Occupation,

Wheelwright

10. Father's Birthplace,

Md.

Name of Medical Attendant, or other Person who makes this Return.

J. H. Robison M.D.

Address,

725 Green Ave

Remarks,

For each offense to be recovered as other laws and regulations are from time to time.

RETURN OF A BIRTH 90874

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) white

3. Date of Birth, Dec 26 at Baltimore

4. Place of Birth, (Street and Number) 685 Penna ave

5. Full Name of Mother, Katie Meyers

6. Mother's Maiden Name, Rose

7. Mother's Birthplace, Ireland

8. Full Name of Father, Jas. Meyers

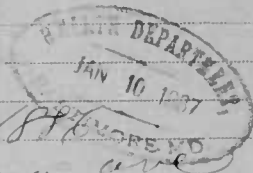
9. Father's Occupation, Driver

10. Father's Birthplace, Balt. Md

Name of Medical Attendant, or other Person who makes this Return Mrs E McLaughlin

Address, 609 Mosher St

Remarks,



for each offense to be recovered as other laws and forfeitures are recoverable.

RETURN OF A BIRTH 90875

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

Sex, (state whether male or female) male

Race or Color, (if not of the white race) _____

Date of Birth, Sept 26th 1882

Place of Birth, (Street and Number) 42 Hobbs Street

Full Name of Mother, Helia McEwen

Mother's Maiden Name, Owens

Mother's Birthplace, Ireland

Full Name of Father, Patrick McEwen

Father's Occupation, Store Keeper (grocery & provisions & liquors)

Father's Birthplace, Ireland

Name of Medical Attendant, or other Person who makes this Return, M. B. Billingslee

Address, 228 E. Boston St.

Remarks, _____

For persons who shall hereafter, not complying with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered in other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 90876

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *6th*

Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race) *Dark Human*

3. Date of Birth *December 26/1886*

4. Place of Birth, (Street and Number) *Box 1420 of Daniel A. Hays 208*

5. Full Name of Mother, *Hannah Stokes*

6. Mother's Maiden Name, *Brown*

7. Mother's Birthplace, *Baltimore County*

8. Full Name of Father, *Arthur Stokes*

9. Father's Occupation, *Oyster Shucker*

Father's Birthplace, *A. A. Cozenter*

Name of Medical Attendant, or other Person who makes this Return. *Louisa Lane*

Address, *118 Jasper St*

Remarks,

For each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 90877

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *3^d*
 1. Sex, (state whether male or female) *Male.*
 2. Race or Color, (if not of the white race) *white.*
 3. Date of Birth *December 26th 1886.*
 4. Place of Birth, (Street and Number) *No 612, Scharls St.*
 5. Full Name of Mother, *Mary Smith*
 6. Mother's Maiden Name, *Mary Forester.*
 7. Mother's Birthplace, *Baltimore.*
 8. Full Name of Father, *John Smith.*
 9. Father's Occupation, *Laborer.*
 10. Father's Birthplace, *Baltimore*
 Name of Medical Attendant, or other Person who makes this Return. *Mrs Catherine Horning*
 Address, *No 18 Bird St.*
 Remarks, *died 29th, not in its full time*

for each offence to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 90878

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (~~state whether 1st, 2d, 3d, &c.~~)

Sex, (~~state whether male or female~~)

2. Race or Color, (~~if not of the white race~~)

3. Date of Birth,

Dec, 26th 1886 HEALTH DEPARTMENT
DEC 27 1886

4. Place of Birth, (Street and Number)

216 Clifton Place

5. Full Name of Mother,

Ella Galvin

6. Mother's Maiden Name,

" Brough

7. Mother's Birthplace,

Balto Co Md

8. Full Name of Father,

Wm Galvin

9. Father's Occupation,

Book Keeper

Father's Birthplace,

Balto

Name of Medical Attendant, or other Person who makes this Return.

Dr. Wm. H. H. H. H. H.

Address,

1102 E Balto St

Remarks,

Instrumental
"Very Large Child."

or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

90879

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

1st

1. Sex (state whether Male or Female)

Female

2. Race or Color (if not of the white race)

Colored

3. Date of Birth

Dec. 26th

4. Place of Birth (Street and Number)

31 Samuel Alley

5. Full Name of Mother

Anna Scott

6. Mother's Maiden Name

Anna Scott

7. Mother's Birthplace

Back.

8. Full Name of Father

James Mc. Donald

9. Father's Occupation

Levackman

10. Father's Birthplace

Back.

Name of Medical Attendant, or other Person who makes this Return.

L. M. Hall

Address

1019 D. Hill Ave

Remarks



who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 90880

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st Child*
1. Sex (state whether male or female), *Male*
2. Race or Color (if not of the white race), *White*
3. Date of Birth, *Dec 29 1890*
4. Place of Birth (Street and Number), *621 Baltimore St*
5. Full Name of Mother, *Mathilde Mary*
6. Mother's Maiden Name, *Henschelmann*
7. Mother's Birthplace, *America*
8. Full Name of Father, *August Mary*
9. Father's Occupation, *Printer*
10. Father's Birthplace, *Germany*
- Name of Medical Attendant, or other person who makes this Return, *J. Schwasser, M.D.*
- Address, *300 A. Harwood St*
- Remarks, *This child died after an age of forty-eight hours in case of weakness.*



RETURN OF A BIRTH 90881

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Lilly Violet

Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Sunday Dec 2nd 1896

4. Place of Birth, (Street and Number)

1307 Valley St.

5. Full Name of Mother,

Alice V. Rubenman

6. Mother's Maiden Name,

Alice V. Elliott

7. Mother's Birthplace,

Balt. Md.

8. Full Name of Father,

Frederick Rubenman

9. Father's Occupation,

Employer of Balt. & Potomac R.R.

Father's Birthplace,

Balt. Md.

Name of Medical Attendant, or other Person who makes this Return.

William Brinton M.D.

Address,

Chas. St. & Forest Plow

Remarks,

GIVEN NAME ADDED - 3-13-52

for each offense to be recovered as other laws and forfeitures are recoverable.

RETURN OF A BIRTH 90882

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

Sex, (state whether male or female) Male

Race or Color, (if not of the white race)

Date of Birth, 26th of December

Place of Birth, (Street and Number) 1143 Grant St.

Full Name of Mother, Antoinette Kehoe

Mother's Maiden Name, Gorman

Mother's Birthplace, Baltimore

Full Name of Father, James Henry Kehoe

Father's Occupation, Car-driver

Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return, Sarah Casper

Address, 72 E. Lombard

Remarks,

for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 90883

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,



1st
Male
White
Dec 31 1890
1008 Sharp St
Baltimore City
Latt
Baltimore
Geo A Lutz
Baltimore
Baltimore
Theodore Cichy M.D.
518 Harrison St

For each offense to be recovered as other fines and forfeitures are recovered.

RETURN OF A BIRTH ⁹⁰⁸⁸⁴

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

26 Dec. 1896

4. Place of Birth, (Street and Number)

536 Fort Ave

5. Full Name of Mother,

Charlotte Jeffney

6. Mother's Maiden Name,

Messers

7. Mother's Birthplace,

Ohio

8. Full Name of Father,

Albert Jeffney

9. Father's Occupation,

Plumber & Gas Fitter

10. Father's Birthplace,

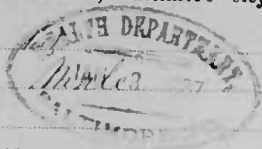
Baltimore

Name of Medical Attendant, or other Person who makes this Return,

Elizabeth Jewell

Address,

Remarks,



or persons so shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 90885

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race)

3. Date of Birth, Dec 26 1886

4. Place of Birth, (Street and Number) 223 Fench St

5. Full Name of Mother, Lizzy Jones

6. Mother's Maiden Name, " " Jones

7. Mother's Birthplace, City

8. Full Name of Father, Andy Jones

9. Father's Occupation, Saw Mill

10. Father's Birthplace, City

Name of Medical Attendant, or other Person who makes this Return, Lizzy P. B. B.

Address, 120 Fench St

Remarks,



RETURN OF A BIRTH 90886

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *3rd Child*

1. Sex (state whether male or female).

2. Race or Color (if not of the white race). *White*

3. Date of Birth. *December the 26, 1886.*

4. Place of Birth (Street and Number). *Lawn St. No. 1016.*

5. Full Name of Mother. *Anna Breckhouse.*

6. Mother's Maiden Name. *Anna Nolle*

7. Mother's Birthplace. *Balt^o City*

8. Full Name of Father. *Richard G. Breckhouse*

9. Father's Occupation. *Clark.*

10. Father's Birthplace. *Balt^o City*

Name of Medical Attendant, or other person who makes this return. *Mary E. Müller*

Address. *N. Dallas St. No. 114*

Remarks,



for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 90887

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *4*

Sex, (state whether male or female) *Female*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *26th of December*

4. Place of Birth, (Street and Number) *1619 Orleans St.*

5. Full Name of Mother, *Mary Kothenberg*

6. Mother's Maiden Name, *Keebler*

7. Mother's Birthplace, *America*

8. Full Name of Father, *Wm. Henry Kothenberg*

9. Father's Occupation, *Laborer*

10. Father's Birthplace, *America*

Name of Medical Attendant, or other Person who makes this Return, *Sarah Casper*

Address, *72 E. Lombard*

Remarks,

For each return to be returned as other laws and forfeitures are recoverable.

RETURN OF A BIRTH 90858

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

4

Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

Levele 14/10

3. Date of Birth.

Dec 26/86

4. Place of Birth, (Street and Number)

55 a - Victoria St

5. Full Name of Mother.

Harrieh Watkins

6. Mother's Maiden Name,

Harrieh Watkins

7. Mother's Birthplace,

Ind

8. Full Name of Father.

Benjamin Jones

9. Father's Occupation,

Wright

10. Father's Birthplace,

Ind

Name of Medical Attendant, or other Person who makes this Return.

John W. ...

Address,

Remarks,

For each offense to be recovered as other dues and forfeitures are recoverable.

RETURN OF A BIRTH 90889

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9th
- Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, June 26th 1886
4. Place of Birth, (Street and Number) 1515 Dough St Baltimore
5. Full Name of Mother, Mary Sheehy
6. Mother's Maiden Name, Knowles
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Patrick Sheehy
9. Father's Occupation, Clerk
10. Father's Birthplace, Baltimore
- Name of Medical Attendant, or other Person who makes this Return, Mrs Sd Knowles
- Address, 1829 E Pratt St
- Remarks,

Persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 90890

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.)

3

Sex (state whether male or female)

Male

Race or Color, (if not of the white race)

Date of Birth,

26 Dec. 1885

Place of Birth, (Street and Number)

Haubbert St. 1039. Locust Point,

Full Name of Mother,

Mathilda Lindström

Mother's Maiden Name,

Matilda Höglund

Mother's Birthplace,

Nottala Europa. Sweden.

Full Name of Father,

Oskar Lindström

Father's Occupation,

Water man.

Father's Birthplace,

Fönköping Sweden. Europe.

Name of Medical Attendant,

or other Person who
makes this Return

Ellin. Smith.

Address,

Estenev 1913

Remarks,

who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 90891

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2

1. Sex (state whether male or female),

Female

2. Race or Color (if not of the white race),

3. Date of Birth,

Dec 27 1891 JAN 5 1892
No 84 E. 1st St

4. Place of Birth (Street and Number),

Sdr Flechenschild

5. Full Name of Mother,

Kramer

6. Mother's Maiden Name,

Baltimore

7. Mother's Birthplace,

Henry Flechenschild

8. Full Name of Father,

Photografer

9. Father's Occupation,

Baltimore

10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return.

Mrs. Louise Kraft

Address,

No 405 S. Washington St

Remarks,

RETURN OF A BIRTH 90892

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st*
1. Sex, (state whether male or female) *Male*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *Dec 27 in 1887*
4. Place of Birth, (Street and Number) *1724 Baltimore St*
5. Full Name of Mother, *Katie Huppelach*
6. Mother's Maiden Name, *Moore*
7. Mother's Birthplace, *Germany*
8. Full Name of Father, *Henry Huppelach*
9. Father's Occupation, *Hostler*
10. Father's Birthplace, *Germany*
- Name of Medical Attendant, or other Person who makes this Return, *Mrs. A. Mesumpe*
- Address, *609 Mosher St*
- Remarks,

for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 90893

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mather, (state whether 1st, 2d, 3d, &c.) 4th.

1. Sex (state whether male or female), Female

2. Race or Color (if not of the white race), Colored

3. Date of Birth, December 27th. 1886

4. Place of Birth (Street and Number), No 832 Picey St.

5. Full Name of Mother, Georgiana Taylor

6. Mather's Maiden Name, See " Miltz

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Geo. Taylor

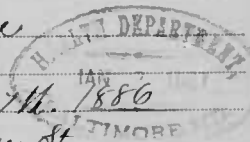
9. Father's Occupation, Waiter

10. Father's Birthplace, Newton City.

Name of Medical Attendant, M. A. Birt or other person who make this Return.

Address, 185 S.E. cor Central av & Monument St.

Remarks, All Well



This receipt is to be filled out by the Registrar of Vital Statistics, Baltimore City, and is to be returned to the Office of Registrar of Vital Statistics, Baltimore City, for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 90894

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Fourth

Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Dec 27, 1886

4. Place of Birth, (Street and Number)

28 Eleventh St.

5. Full Name of Mother,

Rosehamia

6. Mother's Maiden Name,

Higgins

7. Mother's Birthplace,

Ireland.

8. Full Name of Father,

J. E. McCaroy

9. Father's Occupation,

USA

10. Father's Birthplace,

E. Millman

Name of Medical Attendant, or other Person who makes this Return.

Address,

2826 Eleventh St.

Remarks,

one of twins

at persons will make a return of the birth of a child, and for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH ⁹⁰⁸⁹⁵

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Third

Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

27 Dec 1886

4. Place of Birth, (Street and Number)

170 Eleuth St.

5. Full Name of Mother,

Roseanna

6. Mother's Maiden Name,

Higgins

7. Mother's Birthplace,

Ireland

8. Full Name of Father,

J. E. McCreary

9. Father's Occupation,

Labourer

10. Father's Birthplace,

U.S.A.

Name of Medical Attendant, or other Person who makes this Return.

E. J. McCreary

Address,

2826 Eleuth St.

Remarks,

One of twins

RETURN OF A BIRTH 90896

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Given Name - *Salomia Estella*

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Eighth Child

1. Sex (state whether male or female),

Female

2. Race or Color (if not of the white race),

White

3. Date of Birth,

27 December 1886

4. Place of Birth (Street and Number),

No. 423 Eastern

5. Full Name of Mother,

Eliza Witzel

6. Mother's Maiden Name,

Grove

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

William Witzel

9. Father's Occupation,

Tinner

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other person who makes this Return.

Mrs. Witzel

Address,

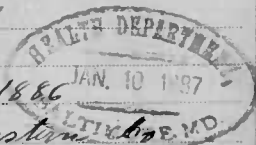
No. 611 Patterson Park Dr.

Remarks,

NAME ADDED

7-16-53

L.M.



who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (\$10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 90897

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2^d

Sex, (state whether male or female) Female

Race or Color, (if not of the white race) White

Date of Birth, Dec 27 1888

Place of Birth, (Street and Number) 18 Church St

Full Name of Mother, Emma, Oaks

Mother's Maiden Name, Emma Leese

Mother's Birthplace, England

Full Name of Father, Capt. Geo. Oaks

Father's Occupation, Mariner

Father's Birthplace, Sweden

Name of Medical Attendant, or other Person who makes this Return. H B Noble M.D.

Address, 307 Warren St

Remarks, 11/1/89

within this period always required, except in the cases of the idiots and demented of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th

90898

Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

3. Date of Birth,

December 27th

4. Place of Birth, (Street and Number)

1237 William St.

5. Full Name of Mother,

Mary Ellen Lane

6. Mother's Maiden Name,

Mary Ellen Taylor

7. Mother's Birthplace,

Danvers Co. Mass

8. Full Name of Father,

William Henry Lambert

9. Father's Occupation,

Caulker

Father's Birthplace,

Baltimore Md

Name of Medical Attendant, or other Person who makes this Return

Address,

Mrs Conway

Remarks,

none

For each offense, to be recovered as other fines and forfeitures are recoverable.

12-13-55
RETURN OF A BIRTH 90899

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Sophia Amelia ————— *Biemiller*
Na. of Child of Mather, (state whether 1st, 2d, ~~3d~~, &c.)
1. Sex (state whether male or female), *Female*
2. Race or Color (if not of the white race),
3. Date of Birth, *December 27 1886*
4. Place of Birth (Street and Number), *11 Race St.*
5. Full Name of Mather, *Elizabeth Biemiller*
6. Mather's Maiden Name, *Elizabeth Gordon*
7. Mother's Birthplace, *Baltimore*
8. Full Name of Father, *Edward Biemiller*
9. Father's Occupation, *Milk Dairy*
10. Father's Birthplace, *Baltimore*
Name of Medical Attendant, or other person who makes this Return, *Miss Stunch*
Address, *500 Leadenhall St.*
Remarks,



within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offense, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH⁹⁰⁹⁰⁰

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

Sex, (state whether male or female) female

Race or Color, (if not of the white race) brown skin

Date of Birth, 27th Dec

Place of Birth, (Street and Number) Gilbert St 18

Full Name of Mother, Lucy Epps

Mother's Maiden Name, Lucy Epps

Mother's Birthplace, Essex Co Virginia

Full Name of Father, William Giles

Father's Occupation, Labourer

Father's Birthplace, Essex via

Name of Medical Attendant, or other Person who makes this Return Lydia Somerville

Address, No 416 to Clinton ave

Remarks, _____

RETURN OF A BIRTH. 90901

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *2d*

1. Sex, (state whether male or female) *Male* **MALE**

2. Race or Color, (if not of the white race) *White*

3. Date of Birth *29th December 1886*

4. Place of Birth, (Street and Number) *Bird Street No. 1621*

5. Full Name of Mother, *Priscilla Thayer*

6. Mother's Maiden Name, *Shenker*

7. Mother's Birthplace, *Germania*

8. Full Name of Father, *August Shenker*

9. Father's Occupation, *Woolman*

10. Father's Birthplace, *Germania*

Name of Medical Attendant, or other Person who makes this Return.

Address, *Karoline Thayer Elizabeths E. No. 1621*

Remarks,



For persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other laws and ordinances are recoverable.

RETURN OF A BIRTH

90902

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

100.

1. Sex, (state whether male or female)

Girl.

2. Race or Color, (if not of the white race)

3. Date of Birth,

December 27 1887

4. Place of Birth, (Street and Number)

75 1/2 Eastern A V

5. Full Name of Mother,

Hannah Elisabeth Betty

6. Mother's Maiden Name,

Hannah Elisabeth Cohen

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

George W. Betty

9. Father's Occupation,

Labourer.

10. Father's Birthplace,

Bavaria.

Name of Medical Attendant, or other Person who makes this Return

Mrs Louisa Smith.

Address,

Childs. Name, Dora Betty

Remarks,



RETURN OF A BIRTH 90903

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

1. Sex, (state whether male or female) male

2. Race or Color, (if not of the white race) white

3. Date of Birth, December 16 1887

4. Place of Birth, (Street and Number) Baltimore City

5. Full Name of Mother, Ellen Strider

6. Mother's Maiden Name, Kallman

7. Mother's Birthplace, Eliection Co

8. Full Name of Father, William Strider

9. Father's Occupation, laborer

10. Father's Birthplace, Virginia

Name of Medical Attendant, or other Person who make this Return, Elizabeth Kallman

Address, 1191 C St. Bldg

Remarks,

RETURN OF A BIRTH 90904

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8
1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) Color
3. Date of Birth, 24
4. Place of Birth, (Street and Number) Hotel Tenth
5. Full Name of Mother, James
6. Mother's Maiden Name, Simpson
7. Mother's Birthplace, Baltimore and
8. Full Name of Father, John
9. Father's Occupation, Book
10. Father's Birthplace, Baltimore and
- Name of Medical Attendant, or other Person who makes this Return, H H Smith
- Address, 1516 N. Broadway
- Remarks,

Persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 90905

the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Child of Mother, (state whether 1st, 2d, 3d, &c.)

5th

(state whether male or female)

Female

Sex or Color, (if not of the white race)

White

Age of Birth,

Sec. 27/86

Place of Birth, (Street and Number)

145 N. May

Name of Mother,

Sarah E. Harris

Mother's Maiden Name,

" " Peutz

Mother's Birthplace,

Bald.

Name of Father,

John Harris

Father's Occupation,

Ship Joiner

Father's Birthplace,

Bald.

Name of Medical Attendant, or other Person who makes this return.

R. W. Mansfield M.D.

Address,

127 S Broadway

Remarks,

RETURN OF A BIRTH

90906

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *5th*
1. ☒ (state whether male or female) *Female*
2. Race or Color, (if not of the white race) *White.*
3. Date of Birth, *Dec 27th 1886.*
4. Place of Birth, (Street and Number) *328 N. Hunt St.*
5. Full Name of Mother, *Flourence Blanche*
6. Mother's Maiden Name, *" Bell*
7. Mother's Birthplace, *B. C.*
8. Full Name of Father, *Charles H. Blanche*
9. Father's Occupation, *Builder.*
10. Father's Birthplace, *B. C.*
- Name of Medical Attendant, or other Person who makes this Return *Amman F. Hill M.D.*
- Address. *17 N. Calum St.*
- Remarks.



or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH ⁹⁰⁹⁰⁷

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,



903 Mulberry St
Laura Jackson
Smith

Balt. Co
Samuel Jackson
Clerk

Balt.
J. H. Wilson
1008 Mad. Ave

RETURN OF A BIRTH 90908

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. ☒ Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,

4 Children
Female
White
27 Dec
1887
BALTIMORE MD

148 Concord St
Margaret Gannon
Margaret Gannon
County Roscommon Ireland
John Gannon
Hack Driver
Texas Baltimore County Md
Mrs Sarah Wood
936 Greenmount Ave

RETURN OF A BIRTH 90909

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, Dec 27th 1886

4. Place of Birth, (Street and Number) 5 Belvoir St

5. Full Name of Mother, Mary Clark

6. Mother's Maiden Name, Mary Clark

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Charles Clark

9. Father's Occupation, Blacksmith

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return. O. A. Cooke M.D.

Address, 104 Fort St

Remarks,

or persons who shall hereafter, all in compliance with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other laws and ordinances are recoverable.

or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

GIVEN NAME ADDED 7-1-57
RETURN OF A BIRTH 90910

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Robert Burns Pollock
No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *3rd*

Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Nov 28th 1886

4. Place of Birth, (Street and Number)

1358 Mc Eldeny St

5. Full Name of Mother,

Sally Pollock

6. Mother's Maiden Name,

L. Kitzberger

7. Mother's Birthplace,

Balto

8. Full Name of Father,

William A Pollock

9. Father's Occupation,

Box Maker

10. Father's Birthplace,

Brookland N. Y.

Name of Medical Attendant, or other Person who makes this Return.

Mrs Julia Gentry

Address,

940 N Bay St

Remarks,

RETURN OF A BIRTH 90911

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.) 3rd

Balto Dec 29th 1886.

1. Sex, (state whether male or female) Female.

2. Race or Color, (if not of the white race) White.

3. Date of Birth, Balto Dec 28th 1886.

4. Place of Birth, (Street and Number) 827 S. Bond

5. Full Name of Mother, Mary Walter

6. Mother's Maiden Name, Mary Grimm.

7. Mother's Birthplace, Prussia.

8. Full Name of Father, John Walter.

9. Father's Occupation, Laborer.

10. Father's Birthplace, America.

Name of Medical Attendant, or other Person who makes this Return, Mrs. Mary Amund.

Address, 710 Goldthorpe St.

Remarks, C. H.



or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other laws and ordinances are recoverable.

RETURN OF A BIRTH 90912

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *5 child of mother*

1. Sex, (state whether male or female) *child*

2. Race or Color, (if not of the white race) *Colored*

3. Date of Birth, *December 28, 1886*

4. Place of Birth, (Street and Number) *Orleans Street No 255*

5. Full Name of Mother, *Marg S. Brown*

6. Mother's Maiden Name, *Marg S. Hicks*

7. Mother's Birthplace, *Salem Accomack Virginia*

8. Full Name of Father, *Frederic W. Brown*

9. Father's Occupation, *minister of Gospel*

10. Father's Birthplace, *Kent County Maryland*

Name of Medical Attendant, or other Person who makes this Return.

Address, *Darkey Towson*

Remarks, *No 308 Chesnut Street*

for each offense to be recovered as other laws and regulations are recoverable.

RETURN OF A BIRTH 90913

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

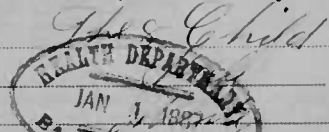
9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,



The Child
The 28 of November 1886
No 1207 Holland St
Mary Bachel
Mary Kuber
Germany
Jacob Bachel
Sailor
Germany
Mrs C. H. Sacher
No 173 Hurford Ave
Bal Md
1886

RETURN OF A BIRTH 90914

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

27th Dec 1886

4. Place of Birth, (Street and Number)

1416 Cockspur St

5. Full Name of Mother,

Mannah Kelly

6. Mother's Maiden Name,

Spelman

7. Mother's Birthplace,

Pennsylvania

8. Full Name of Father,

James Kelly

9. Father's Occupation,

Coal Miner

10. Father's Birthplace,

Ireland

Name of Medical Attendant, or other Person who makes this Return,

Elizabeth Jewell

Address,

605 5th St NW

Remarks,

Persons who fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered in other lines and forfeitures are recoverable.

RETURN OF A BIRTH 90915

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race)

3. Date of Birth,

Dec 28th 1886

4. Place of Birth, (Street and Number)

126 Bank St

5. Full Name of Mother,

Emma Vasiloff

6. Mother's Maiden Name,

" " Stort

7. Mother's Birthplace,

City

8. Full Name of Father,

Christ Vasiloff

9. Father's Occupation,

Lubra

Father's Birthplace,

City

Name of Medical Attendant, or other Person who makes this Return

Lucy Bely

Address,

126 Bank St

Remarks,



For persons who are not citizens of Baltimore City, the names of the parents of each child to be recovered as other laws and forfeitures are recoverable.

RETURN OF A BIRTH 90916

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, Dec 28 1886

4. Place of Birth, (Street and Number) Chew St 1305

5. Full Name of Mother, Lena Callahan

6. Mother's Maiden Name, " Gerneke

7. Mother's Birthplace, Balto MD

8. Full Name of Father, Charles Callahan

9. Father's Occupation, Mason

10. Father's Birthplace, Balto MD

Name of Medical Attendant, or other Person who makes this Return, Mrs R. Volkie

Address, 1302 Hollander St

Remarks,



or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered in other fines and forfeitures are recoverable.

RETURN OF A BIRTH, 90917

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *1st*

1. Sex, (state whether male or female) *Boys*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth *28th December 1886*

4. Place of Birth, (Street and Number) *Patuxet Street No 11*

5. Full Name of Mother, *Loiese Habernagel*

6. Mother's Maiden Name, *Almes*

7. Mother's Birthplace, *Germanien*

8. Full Name of Father, *August Habernagel*

9. Father's Occupation, *Factor*

10. Father's Birthplace, *Germanien*

Name of Medical Attendant, or other Person who makes this Return.

Address, *Charlene Spring Elisabeths Elle No 1628*

Remarks,



or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 90918

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1-84

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) Colored

3. Date of Birth, December 28 1896

4. Place of Birth, (Street and Number) (Maternity) 1187 115 W. Lombard St.

5. Full Name of Mother, Julia Hall

6. Mother's Maiden Name, Dr.

7. Mother's Birthplace, Virginia

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return. J. A. Pratt, M.D.

Address, 1187 115 W. Lombard St.

Remarks,

or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (\$10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 90919

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.).....

1. Sex, (state whether male or female).....

2. Race or Color, (if not of the white race).....

3. Date of Birth,.....

4. Place of Birth, (Street and Number).....

5. Full Name of Mother,.....

6. Mother's Maiden Name,.....

7. Mother's Birthplace,.....

8. Full Name of Father,.....

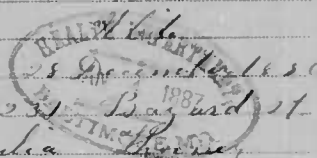
9. Father's Occupation,.....

10. Father's Birthplace,.....

Name of Medical Attendant, or other Person who makes this Return.....

Address,.....

Remarks,.....

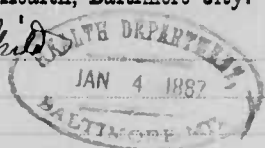


Mrs. C. Salach
735 7th Pratt street

RETURN OF A BIRTH 90920

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *5th Child*



1. Sex (state whether male or female),
2. Race or Color (if not of the white race), *White*
3. Date of Birth, *December the 28, 1886.*
4. Place of Birth (Street and Number), *Comet St. No. 1134.*
5. Full Name of Mother, *Katharine Meier*
6. Mother's Maiden Name, *Katharine Wolf.*
7. Mother's Birthplace, *Strebendorf, Gr. Hessen, Germany*
8. Full Name of Father, *Edward Meier*
9. Father's Occupation, *Tinner*
10. Father's Birthplace, *Baltimore City*

Name of Medical Attendant, *Mary E. Miller*
or other person who makes this Return.
 Address, *N. Dallas St. No. 114*

Remarks,

For each offence, to be recovered, in other than and forfeitures are recoverable.

RETURN OF A BIRTH 90921

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether male or female),

2. Race or Color (if nat of the white race),

3. Date of Birth,

4. Place of Birth (Street and Number),

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

11. Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks,

This certificate is to be filled out by the Registrar of Vital Statistics, Baltimore City, and is to be returned to the Office of Registrar of Vital Statistics, Board of Health, Baltimore City, for each offense, to be recovered in other fines and forfeitures are recoverable.

the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall thereafter fail to comply with the provisions of this section shall be liable to a fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 90922

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex (state whether male or female), Female

2. Race or Color (if not of the white race), White

3. Date of Birth, 28 Dec 1887

4. Place of Birth (Street and Number), 263 Parkman St

5. Full Name of Mother, Mary Patton

6. Mother's Maiden Name, Mary Delaney

7. Mother's Birthplace, Ireland

8. Full Name of Father, John Patton

9. Father's Occupation, Farmer

10. Father's Birthplace, Ireland

Name of Medical Attendant, or other person who makes this Return.

Mary Keplish

Address, 291 Washington St

Remarks,



who shall nevertheless fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 90923

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether male or female),

2. Race or Color (if not of the white race),

3. Date of Birth,

4. Place of Birth (Street and Number),

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

11. Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks,

1161
Male
DEPARTMENT
MAY 6 1891
11 Spring Court
Emma M. Brown
Agdara
America
John M. Brown
Cochran
Ireland
J. L. Brown
1931 Suncoast St.

RETURN OF A BIRTH 90924

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *5th.*
1. Sex (state whether male or female), *Male*
2. Race or Color (if not of the white race), *White*
3. Date of Birth, *Dec. 28th. 1886*
4. Place of Birth (Street and Number), *No 1508 Mosher St.*
5. Full Name of Mother, *Lilla Vockrodt.*
6. Mother's Maiden Name, *Lilla Wunderlich.*
7. Mother's Birthplace, *Baltimore*
8. Full Name of Father, *Geo. J. Vockrodt.*
9. Father's Occupation, *Baker*
10. Father's Birthplace, *Germany*
11. Name of Medical Attendant, or other person who makes this Return. *M. B. H.*
- Address, *185 S. E. cor Central av. & Monument St.*
- Remarks, *64 7 All Well*

RETURN OF A BIRTH 90925

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *8 Child*
1. Sex, (state whether male or female) *female*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *December 2, 1886*
4. Place of Birth, (Street and Number) *Arlington 2, 14*
5. Full Name of Mother, *Mary A. Winter, 1886*
6. Mother's Maiden Name, *Sharpley*
7. Mother's Birthplace, *Baltimore*
8. Full Name of Father, *Frank H. Winter*
9. Father's Occupation, *Heater*
10. Father's Birthplace, *Baltimore*
- Name of Medical Attendant, or other Person who makes this Return, *Mr. Lamber*
- Address, *60 No. Schenck St.*
- Remarks,

or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 90926

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,

Male
Color
Dec 28 1886
21, Richmond
Georgina Chase
Georgina Atkins
Baltimore
Robert Chase
Waiter
Baltimore
Scholastic Williams
W. S. Howard St
five dollars

RETURN OF A BIRTH 90927

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, Dec 29, 1896

4. Place of Birth, (Street and Number) 2439 Montross St

5. Full Name of Mother, Sarah W. Henshaw

6. Mother's Maiden Name, " " Hall

7. Mother's Birthplace, Baltimore

8. Full Name of Father, John Henshaw

9. Father's Occupation, Carver

10. Father's Birthplace, " "

Name of Medical Attendant, or other Person who makes this Return. Theodore Becker M.D.

Address, 518 St. Lawrence St.

Remarks,

or persons who shall be guilty of any offense in this section, shall be subject to be fined in any dollar for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 70928

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 13th

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, 10-19-1886

4. Place of Birth, (Street and Number) 223 Baltimore Ave

5. Full Name of Mother, Rebecca Smith

6. Mother's Maiden Name, " " " "

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Michael Lynch

9. Father's Occupation, Wine & Spirit Merchant

10. Father's Birthplace, Ireland

Name of Medical Attendant, or other Person who makes this Return, Theodore Becker M.D.

Address, 1515 Hanover St

Remarks,

or persons who shall refuse to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 90929

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth Dec 20 1881

4. Place of Birth, (Street and Number) No 1021 W. 1st St

5. Full Name of Mother, Ida L. H. Wagner

6. Mother's Maiden Name, " " White, Baltic

7. Mother's Birthplace, Baltimore

8. Full Name of Father, John W. Wagner

9. Father's Occupation, Car Conductor

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return, Theodore Coker M.D.

Address, 518 W. 1st St

Remarks,

or persons who shall be liable to comply with the provisions of this section, shall be subjected to the fine of it or (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 90930

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

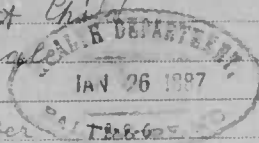
No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st Child

1. Sex, (state whether male or female)

male

2. Race or Color, (if not of the white race)



3. Date of Birth,

29. December

4. Place of Birth, (Street and Number)

No 1 Diamond Street

5. Full Name of Mother,

Josephine Shade

6. Mother's Maiden Name,

Josephine Pegelow

7. Mother's Birthplace,

Baltimore Md.

8. Full Name of Father,

William Shade

9. Father's Occupation,

Driver,

10. Father's Birthplace,

Baltimore Md.

Name of Medical Attendant, or other Person who makes this Return.

Mrs. W. W. Marnie Midwife

Address,

No 10. Pearl St.

Remarks,

RETURN OF A BIRTH 90931

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race)

3. Date of Birth,

Dec. 29th 1886

4. Place of Birth, (Street and Number)

288 Fulton St

5. Full Name of Mother,

Angie Kemmer

6. Mother's Maiden Name,

Smith

7. Mother's Birthplace,

City

8. Full Name of Father,

Jack Kemmer

9. Father's Occupation,

Engineer

10. Father's Birthplace,

City

Name of Medical Attendant, or other Person who makes this Return.

Lieut. Bely

Address,

100 Bank St

Remarks,



for each offense to be recovered as other laws and forfeitures are recoverable.

Persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 90932

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) Colored

3. Date of Birth Dec 29, 1886

4. Place of Birth, (Street and Number) 814 N. 1st St.

5. Full Name of Mother, Mary Toogood

6. Mother's Maiden Name, Mary Woods

7. Mother's Birthplace, Calvert County Md.

8. Full Name of Father, George Toogood

9. Father's Occupation, hod carrier

10. Father's Birthplace, Baltimore City

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,



RETURN OF A BIRTH. 90933

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 6

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) Colored

3. Date of Birth Dec 29 1886

4. Place of Birth, (Street and Number)

5. Full Name of Mother, Lewis

6. Mother's Maiden Name, Annie Davis

7. Mother's Birthplace,

8. Full Name of Father, Davis

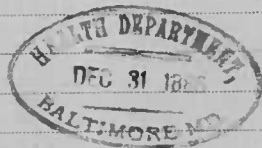
9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,



RETURN OF A BIRTH. 90934

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 8th

1. Sex, (state whether male or female) *Female*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth *29th December 1886*

4. Place of Birth, (Street and Number) *Ring Street No. 1811*

5. Full Name of Mother, *Priese Scherter*

6. Mother's Maiden Name, *Scherter*

7. Mother's Birthplace, *Germania*

8. Full Name of Father, *August Scherter*

9. Father's Occupation, *Ironman*

10. Father's Birthplace, *Germania*

Name of Medical Attendant, or other Person who makes this Return.

Address, *Blaslene Street Elshets & Co. No. 1622*

Remarks,

or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH 90935

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

121

1. Sex, (state whether male or female)

female

2. Race or Color, (if not of the white race)

white

3. Date of Birth,

Dec 29 1887



4. Place of Birth, (Street and Number)

165 E Madison St

5. Full Name of Mother,

Harley Cochran

6. Mother's Maiden Name,

Harley Tucker

7. Mother's Birthplace,

Trenton N J

8. Full Name of Father,

James Cochran

9. Father's Occupation,

Coal Dealer

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return.

David L. Mays M.D.

Address,

728 Clisquith St

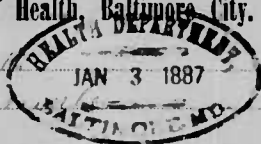
Remarks,

Balto

for each office to be recovered as other dues and forfeitures are recoverable.

RETURN OF A BIRTH ⁹⁰⁹³⁶

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2d*
1. Sex, (state whether male or female) *Female*
2. Race or Color, (if not of the white race) _____
3. Date of Birth, *29th Dec 1886*
4. Place of Birth, (Street and Number) *1416 Thomson St*
5. Full Name of Mother, *Lavinia McDonald*
6. Mother's Maiden Name, *Leavis*
7. Mother's Birthplace, *Baltimore*
8. Full Name of Father, *John McDonald*
9. Father's Occupation, *Shoemaker*
10. Father's Birthplace, *Baltimore*
- Name of Medical Attendant, or other Person who makes this Return, *Elizabeth Jewell*
- Address, *516 Hart Ave*
- Remarks, _____

or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other laws and forfeitures are recoverable.

RETURN OF A BIRTH. 90937

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *1st*

1. Sex, (state whether male or female) *Female*

2. Race or Color, (if not of the white race) *Light-Brown*

3. Date of Birth *Dec 29th 1886*

4. Place of Birth, (Street and Number) *406 Jasper St.*

5. Full Name of Mother, *Matthie Foremley*

6. Mother's Maiden Name, *Dennis*

7. Mother's Birthplace, *Virginia*

8. Full Name of Father, *Edward Dennis*

9. Father's Occupation, *Patrol*

10. Father's Birthplace, *A A County*

Name of Medical Attendant, or other Person who makes this Return. *Louisa Lane*

Address, *118 Jasper St.*

Remarks,

Persons who shall hereafter fail to comply with the provisions of this section, shall be subject to the fine of ten dollars for each offence to be recovered as other fines and forfeitures are recoverable.



RETURN OF A BIRTH 90938

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) female

2. Race or Color, (if not of the white race) colored

3. Date of Birth Dec 29 1886

4. Place of Birth, (Street and Number) 25 Rice st

5. Full Name of Mother, Ida Nassau

6. Mother's Maiden Name, Ida pane

7. Mother's Birthplace,

8. Full Name of Father, William pane

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,



or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (\$10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 90939

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *8th Child*

1. Sex (state whether male or female),

● Race or Color (if not of the white race), *White*

3. Date of Birth, *December the 20, 1886,*

4. Place of Birth (Street and Number), *Mulliken St. N^o 1422*

5. Full Name of Mother, *Elisabetha Zent*

6. Mother's Maiden Name, *Elisabetha Gale*

7. Mother's Birthplace, *Balt^o City*

8. Full Name of Father, *Carl Zent*

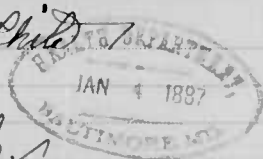
9. Father's Occupation, *Laborer*

10. Father's Birthplace, *Balt^o City*

● Name of Medical Attendant, or other person who makes this Return, *Mary E. Miller*

Address, *N. Ballas St. N^o 114*

Remarks,



This return, when duly filled, and the provisions of this section, shall be subjected to the fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 90940

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

8

1. Sex, (state whether male or female)

male

2. Race or Color, (if not of the white race)

black

3. Date of Birth.

29

Dec

4. Place of Birth, (Street and Number)

Quincy St 134

5. Full Name of Mother,

Emma L. Hubert

6. Mother's Maiden Name,

Anna Jones

7. Mother's Birthplace,

Snow Hill and

8. Full Name of Father,

George L. Hubert

9. Father's Occupation,

Day laborer

10. Father's Birthplace,

Baltimore and

Name of Medical Attendant, or other Person who makes this Return,

Address,

H. L. Smith no 100 Ambler St

Remarks,

RETURN OF A BIRTH, 90941

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. ☒ Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth

Dec 25 1894

4. Place of Birth, (Street and Number)

Baltimore C. Hall St. 212

5. Full Name of Mother

Anna M. Hunt

6. Mother's Maiden Name

Anna M. Hunt

7. Mother's Birthplace

Born in C. & City

8. Full Name of Father

John M. Hunt

9. Father's Occupation

Carpenter

10. Father's Birthplace

Baltimore City

Name of Medical Attendant, or other Person who makes this Return.

John M. Hunt

Address

212 C. Hall St.

Remarks

mother and child found

RETURN OF A BIRTH 90942

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. Sex (state whether male or female), Female

2. Race or Color (if not of the white race), White

3. Date of Birth, 20 Dec 1891

4. Place of Birth (Street and Number), 577/2 Guilford St

5. Full Name of Mother, Annie Robert

6. Mother's Maiden Name, Anna Kutzek

7. Mother's Birthplace, America

8. Full Name of Father, Albert Robert

9. Father's Occupation, Laborer

10. Father's Birthplace, Anna

Name of Medical Attendant, or other person who makes this Return, Mary Keplish

Address, 629 Washington St

Remarks,



who shall be liable to a fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH, 90943

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth 29 of Dec 1886

4. Place of Birth, (Street and Number) Baltimore 1810 Bayard Street

5. Full Name of Mother Emily W. Amy

6. Mother's Maiden Name Emily W. Robinson

7. Mother's Birthplace Baltimore

8. Full Name of Father Levi Amy

9. Father's Occupation Shoemaker

10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this return.

Mrs. Elizabeth Donaldson

Address 1824 Bayard St. and Doctor's House in Atlantic

Remarks The child is doing well but the mother is

laboring under the Malaria

RETURN OF A BIRTH 90944

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

3d

1. Sex, (state whether male or female).

Male

2. Race or Color, (if not of the white race)

Colored

3. Date of Birth,

Dec 29th 1886

4. Place of Birth, (Street and Number)

No 441 Division St Baltimore

5. Full Name of Mother,

Mary Foote

6. Mother's Maiden Name,

7. Mother's Birthplace,

Baltimore County

8. Full Name of Father,

Charles Foote

9. Father's Occupation,

hod carrier

10. Father's Birthplace,

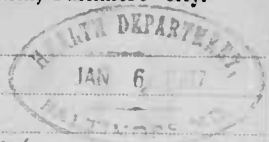
Baltimore City

Name of Medical Attendant, or other Person who makes this return.

Sarah Rollins

Address,

Remarks,



or person who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 90945-

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th.
- Sex, (state whether male or female) Male
- Race or Color, (if not of the white race) White
- Date of Birth, Dec 29 1886
- Place of Birth, (Street and Number) 4 Wicof St. RE MD.
- Full Name of Mother, Annie Duvall
- Mother's Maiden Name, " Wood
- Mother's Birthplace, Md.
- Full Name of Father, D. Duvall
- Father's Occupation, Farmer.
- Father's Birthplace, W.V.
- Name of Medical Attendant, or other Person who makes this Return, J. H. Robinson MD.
- Address, 725 Green Mt Ave
- Remarks,

RETURN OF A BIRTH. 90946

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

Fifth

Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth

Dec 29, 1886

4. Place of Birth, (Street and Number)

No. 216 W. High St.

5. Full Name of Mother,

Isabella Simpson

6. Mother's Maiden Name,

Isabella Simpson

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Thomas Simpson

9. Father's Occupation,

Caulker

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return.

Dr. J. B. Colwell

Address,

No 6 East Montgomery St.

Remarks,

Persons who shall barter for sale to comply with the provisions of this section, shall be subjected to the fine of ten (\$10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

90947

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: *Betty Kline*

No. of Child of Mother, (~~state whether 1st, 2d, 3d, etc.~~)

Sex, (~~state whether male or female~~)

2. Race or Color, (~~if not of the white race~~)

3. Date of Birth, ...

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,

Died 29th 1886.

22 N. Calhoun St.

Amelia Kline,

Amelia Schooler,

New York, N.Y.

Leah D. Kline,

Merchant,

Germany.

John D. Wynn, M.D.,

273 Lexington St.



or persons who shall hereafter fill to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other laws and forfeitures are recoverable.

RETURN OF A BIRTH 90948

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Second*
 1. Sex, (state whether male or female) *Female*
 2. Race or Color, (if not of the white race) *White*
 3. Date of Birth, *Dec. 29, 1886*
 4. Place of Birth, (Street and Number) *#713 Cumberland St.*
 5. Full Name of Mother, *Julia A. Heil*
 6. Mother's Maiden Name, *Shealey*
 7. Mother's Birthplace, *Baltimore, Md.*
 8. Full Name of Father, *Henry Heil*
 9. Father's Occupation, *Car Driver*
 10. Father's Birthplace, *Quack New Jersey*
 Name of Medical Attendant, or other Person who make this Return, *E. B. Wells M.D.*
 Address, *1405 E. Baltimore St.*
 Remarks,



RETURN OF A BIRTH

90949

GIVEN NAME ADDED 10-17-56

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: *Theresa Anderson*, *1st*

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether male or female),

Female

2. Race or Color (if not of the white race),

White

3. Date of Birth,

Dec 29th 1886

4. Place of Birth (Street and Number),

36 So. Calver

5. Full Name of Mother,

Anna Anderson

6. Mother's Maiden Name,

Anna Lucib

7. Mother's Birthplace,

Germany

8. Full Name of Father,

Robert T. Anderson

9. Father's Occupation,

Carpenter

10. Father's Birthplace,

Virginia

Name of Medical Attendant, or other person who makes this Return.

Heligonda Pfeiffer

Address,

Remarks,

New No 529 Columbia Ave



For each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 90950

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2 Child.

1. Sex, (state whether male or female)

Female.

2. Race or Color, (if not of the white race)

3. Date of Birth,

Dec. 29th

4. Place of Birth, (Street and Number)

No. 1708

5. Full Name of Mother,

Carrie

6. Mother's Maiden Name,

'

7. Mother's Birthplace,

Baltimore.

8. Full Name of Father,

Ernest Mitchell.

9. Father's Occupation,

Painter.

10. Father's Birthplace,

Hessen Lammstadt

Name of Medical Attendant, or other Person who makes this Return.

Annie Lindner

Address,

No. 106 S. Calver St.

Remarks,



for each address to be recovered as other times and infirmities are recoverable.

RETURN OF A BIRTH 90951

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

Sex, (state whether male or female) Female

Race or Color, (if not of the white race) W

Date of Birth, 36th of Dec

Place of Birth, (Street and Number) 325 S. Dallas St.

Full Name of Mother, Barbara Corps

Mother's Maiden Name, Reckemberger

Mother's Birthplace, Balt

Full Name of Father, Emil Corps

Father's Occupation, Bricklayer

Father's Birthplace, Balt

Name of Medical Attendant, or other Person who makes this Return.

Address, 174 St. Bond St

Remarks,

or persons who shall be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 90952

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Here 1

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

No 286

Tremont

4. Place of Birth, (Street and Number)

30

December 1886

5. Full Name of Mother,

Assie Bayer

Bell

6. Mother's Maiden Name,

u

Bayer

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

George

Bell

9. Father's Occupation,

Coch

Painter

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return.

Mrs. Catherine Sealack

Address,

No 437 Ave 735 77 7th

Remarks,

lost



for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH ⁹⁰⁹⁵³

of Registrar of Vital Statistics, Board of Health, Baltimore City.

Mother, (state whether 1st, 2d, 3d, &c.) *Ten*

her male or female) *female*

(if not of the white race) *color*

30 of Dec

(Street and Number) *new no. 23 Durham Street*

Mother, *Mary E. Hopkins*

in Name. *Mary E. Brown*

place, *Estlin Star*

Father, *Wm. Brown*

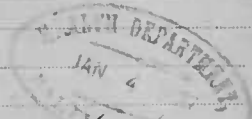
tion, *had carry*

place, *Frederick county M. D.*

ral Attendant, or other Person who
makes this Return.

Lizzie both monthly

*4 both Bethel St between Pratt and
with*



RETURN OF A BIRTH 90954

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, 30 Dec 1886

4. Place of Birth, (Street and Number) 1616 Chapple St

5. Full Name of Mother, Annie Simball

6. Mother's Maiden Name, Annie Forst

7. Mother's Birthplace, Bohemia

8. Full Name of Father, Frank Simball

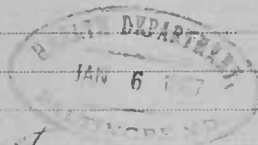
9. Father's Occupation, Laborer

10. Father's Birthplace, Bohemia

Name of Medical Attendant, or other Person who makes this Return, Mary Koflik

Address, 621 Lexington St

Remarks,



RETURN OF A BIRTH ⁹⁰⁹⁵⁸

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *first*

Sex, (state whether male or female) *male*

2. Race or Color, (if not of the white race) *white*

3. Date of Birth, *thursday 30. december.*

4. Place of Birth, (Street and Number) *Baltimore, 10. N. Bradford ally.*

5. Full Name of Mother, *Mary Weisbecker.*

6. Mother's Maiden Name, *Mary Kentner.*

7. Mother's Birthplace, *Baltimore.*

8. Full Name of Father, *Michael Weisbecker.*

9. Father's Occupation, *painter.*

10. Father's Birthplace, *Baltimore.*

Name of Medical Attendant, or other Person who makes this Return *Henrietta Glasgow.*

Address, *Mailday street extended.*

Remarks, *getting along right well.*



any person or persons who shall heretofore fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH. 90956

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,

1st
Female

White

Jan 2 Dec

No 170 Columbia

Mollie Shipley

Mollie Harrison

Baltimore

Charles Shipley

Madison

Baltimore

Miss Mary Harrison

11 12 Scott St

RETURN OF A BIRTH 90957

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

4th

Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Dec 30th

4. Place of Birth, (Street and Number)

Clear Randall, Md

5. Full Name of Mother,

Clara McNamee

6. Mother's Maiden Name,

Clara Travel

7. Mother's Birthplace,

Baltimore city, Md

8. Full Name of Father,

Andrew McNamee

9. Father's Occupation,

Stevordore

10. Father's Birthplace,

Washington North Carolina

Name of Medical Attendant, or other Person who makes this Return.

Elizabeth Hinton

Address,

16th 1737 North Charles St

Remarks,



of persons who are born in this city, and the city, with the proper authorities, shall be subject to the laws of the city, and for each offence to be recovered as other fines and forfeitures are recoverable.

GIVEN NAME ADDED 7-15-59

RETURN OF A BIRTH

70958

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Mary Inez Harper

Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

20th Dec 1886

4. Place of Birth, (Street and Number)

1157 Glenison St

5. Full Name of Mother,

Elizabeth Harper

6. Mother's Maiden Name,

Crouch

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Washington Harper

9. Father's Occupation,

Laborer

Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return.

Elizabeth Jewell

Address,

516 Fort Ave

Remarks,



RETURN OF A BIRTH.

90959

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

8th

1. Sex (state whether Male or Female)

Male

2. Race or Color (if not of the white race)

White

3. Date of Birth

December 30th

4. Place of Birth (Street and Number)

321 East Monument St.

5. Full Name of Mother

Maggie King

6. Mother's Maiden Name

Maggie Warner

7. Mother's Birthplace

Baltimore

8. Full Name of Father

Samuel King

9. Father's Occupation

Police Officer

Father's Birthplace

Baltimore

Name of Medical Attendant, or other Person who makes this Return.

Wm. E. Price

Address

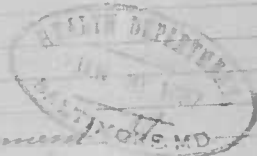
321 E

Monument St.

Remarks

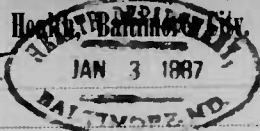
Child healthy

Please Excuse me for being late with this return



RETURN OF A BIRTH 90960

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2nd*

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race) *Wh.*

3. Date of Birth, *Dec. 30th 1886*

4. Place of Birth, (Street and Number) *1625 E Pratt St.*

5. Full Name of Mother, *Remine P. Roden*

6. Mother's Maiden Name, *Pedersen*

7. Mother's Birthplace, *Norman*

8. Full Name of Father, *Conrad Roden*

9. Father's Occupation, *Mass Finisher*

10. Father's Birthplace, *Balt. City*

Name of Medical Attendant, or other Person who makes this return.

Address,

Remarks,

E. B. Hutton Jun
124 Broadway

RETURN OF A BIRTH 90961

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, Dec 30 1886

4. Place of Birth, (Street and Number) 2511 North St

5. Full Name of Mother, Anna Starkman

6. Mother's Maiden Name, " Christy

7. Mother's Birthplace, Richmond Va

8. Full Name of Father, Alex J Starkman

9. Father's Occupation, Clerk

10. Father's Birthplace, Scotland

Name of Medical Attendant, or other Person who makes this Return, Thaddeus Parker M.D.

Address, 518 Broadway

Remarks,

for each offense to be recovered as other fine and forfeitures are recoverable.

GIVEN NAME

3-7-52

RETURN OF A BIRTH 90962

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, 2 Dec 1916

4. Place of Birth, (Street and Number) 1657 Killbuck

5. Full Name of Mother, Lydia M. Cook

6. Mother's Maiden Name, " " Waulan

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Wm. H. Cook

9. Father's Occupation, Bookkeeper

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return, Theodore Cook M.D.

Address, 146 Hanson St. Room 3

Remarks,

For each offense to be recovered as other fines and forfeitures are recoverable.

who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 90963

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex (state whether male or female), Female

2. Race or Color (if not of the white race),

3. Date of Birth, Dec 30 1886

4. Place of Birth (Street and Number), No 613 S. Register St

5. Full Name of Mother, Lisbeth McKenny

6. Mother's Maiden Name, Muller

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Ernest McKenny

9. Father's Occupation, Laborer

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Mr. Louise Shuff

Address, No 405 S. Washington St.

Remarks,

RETURN OF A BIRTH 90964

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

8th Child

1. Sex, (state whether male or female)

Little Girl

2. Race or Color, (if not of the white race)

White race

3. Date of Birth,

Born 30th of December 1886

4. Place of Birth, (Street and Number)

No 2226 Fredrick st

5. Full Name of Mother,

Mrs. Hilbrand

6. Mother's Maiden Name,

Miss Lizzie Braun

7. Mother's Birthplace,

Born Baltimore city

8. Full Name of Father,

Mrs. John Hilbrand

9. Father's Occupation,

A Bricklayer

10. Father's Birthplace,

Born Baltimore

Name of Medical Attendant, or other Person who makes this Return.

Miss Heiler

Address,

1017 west Pratt st

Remarks,

for each offense to be recovered as other fines and forfeitures are recoverable.

CERTIFICATE CORRECTED 1-2-58
 RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name *Barbara Caroline Freund*
 No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *3*

1. Sex (state whether male or female), *Female*
 2. Race or Color (if not of the white race),

3. Date of Birth, *Dec 30 1896*

4. Place of Birth (Street and Number), *No 123 Curly Street*

5. Full Name of Mother, *Therese (Freund)*

6. Mother's Maiden Name, *Altker*

7. Mother's Birthplace, *Baltimore*

8. Full Name of Father, *Charles (George) Freund*

9. Father's Occupation, *Laborer*

10. Father's Birthplace, *Baltimore*

Name of Medical Attendant, or other person who makes this Return, *Wm Louise Kraft*

Address, *No 405 S. Washington St*

Remarks,

See that person who is to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 90966

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

6th

1. Sex, (state whether male or female).

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

31st December

4. Place of Birth, (Street and Number)

Whitcomb St. 1149.

5. Full Name of Mother,

Virginia Moor

6. Mother's Maiden Name,

Virginia Harrison.

7. Mother's Birthplace,

Virginia.

8. Full Name of Father,

William Moor.

9. Father's Occupation,

Plaster

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return.

Mrs. Donnelly.

Address,

18 Little Walnut St.

Remarks,

None.

RETURN OF A BIRTH 90967

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3^d

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) W

3. Date of Birth, Dec 31

4. Place of Birth, (Street and Number) 77 Bank St

5. Full Name of Mother, Kate Spitz

6. Mother's Maiden Name, Kasper

7. Mother's Birthplace, Balt

8. Full Name of Father, Landron Spitz

9. Father's Occupation, Potter

10. Father's Birthplace, Balt

Name of Medical Attendant, or other Person who makes this Return

Address, 114 E. Bond St

Remarks,

or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (\$10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

Who shall be liable for the cost of this return shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 90968

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1 Child

1. Sex (state whether male or female),

George Hammer

2. Race or Color (if not of the white race),

3. Date of Birth,

December 31st 1926

4. Place of Birth (Street and Number),

1324 Whitcomb St.

5. Full Name of Mother,

Katie Hammer

6. Mother's Maiden Name,

" " John

7. Mother's Birthplace,

Rock Castle

8. Full Name of Father,

George Hammer

9. Father's Occupation,

carpenter

10. Father's Birthplace,

Big Spring Bay

Name of Medical Attendant, or other person who makes this Return.

James S. Sander

Address,

1100 S. Monroe St.

Remarks,

Full name of child added by mother upon applying for a

transcript. George Hammer mother. J. E. Mohr - Dec. 121-1927.

RETURN OF A BIRTH 90969

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. Sex, (state whether male or female) female

2. Race or Color, (if not of the white race) white

3. Date of Birth, December

4. Place of Birth, (Street and Number) 501 E. 16

5. Full Name of Mother, Mary H. H. H.

6. Mother's Maiden Name, H. H. H.

7. Mother's Birthplace, Baltimore Md

8. Full Name of Father, John H. H. H.

9. Father's Occupation, Laborer

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return, Elizabeth K. H. H.

Address, 501 E. 16

Remarks,



RETURN OF A BIRTH, 90970

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex (state whether male or female)

Girl

2. Race or Color, (if not of the white race)

white

3. Date of Birth

31 Decr.

4. Place of Birth, (Street and Number)

12 11 Lynham Str.

5. Full Name of Mother

Maggie Campbell

6. Mother's Maiden Name

Maggie Maylor

7. Mother's Birthplace

Ireland

8. Full Name of Father

James Campbell

9. Father's Occupation

Stonemason

10. Father's Birthplace

Ireland

Name of Medical Attendant, or other Person who makes this Return.

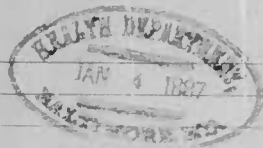
Kate Lananahan

Address

11 22 Mc. Donough Street near Biddle.

Remarks

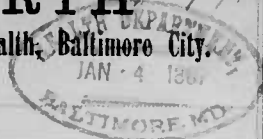
Doing well.



RETURN OF A BIRTH

90971

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

Sex, (state whether male or female) male -

2. Race or Color, (if not of the white race) white

3. Date of Birth, Dec. 31st - 1886

4. Place of Birth, (Street and Number) 180 st. Monmouth St.

5. Full Name of Mother, Mollie M.

6. Mother's Maiden Name, Saleny -

7. Mother's Birthplace, Balt. City.

8. Full Name of Father, Wm. H. Golden.

9. Father's Occupation, Book-keeper.

Father's Birthplace, Balt. City.

Name of Medical Attendant, or other Person who makes this Return, R. M. Goldsmith M.D.

Address, Harlem av. & Calhoun st.

Remarks,

For each office to be returned as other lines and figures are recoverable.

RETURN OF A BIRTH 90972

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st

1. Sex, (state whether male or female).

Female

2. Race or Color, (if not of the white race).

Negro

3. Date of Birth,

Dec. 31st '86

4. Place of Birth, (Street and Number)

Maternity 115 7113 St. Lombard

5. Full Name of Mother,

Dorcas Green

6. Mother's Maiden Name,

Do

7. Mother's Birthplace,

Maryland

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

N. S. Carson M.D.

Address,

1135 115 St. Lombard St.

Remarks,

per N. S.

for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 90973

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

6th Child

1. Sex, (state whether male or female)



2. Race or Color, (if not of the white race)

White

3. Date of Birth,

31st of December 1886

4. Place of Birth, (Street and Number)

2d 365 205 Orlean street

5. Full Name of Mother,

Mary Kinnig

6. Mother's Maiden Name,

Mary Saphrod

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

John Saphrod

9. Father's Occupation,

Cigar maker

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return.

Crescentia Kunkel

Address,

213 North Chapel street per Crescentia Kunkel

Remarks,

Healthy

For each offense to be recovered as other fines and infelicitous are recoverable.

RETURN OF A BIRTH 90974

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *8th Child*

1. Sex, (state whether male or female) *Female*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *31st of December 1886*

4. Place of Birth, (Street and Number) *21st East Fayette street*

5. Full Name of Mother, *Laura Baun*

6. Mother's Maiden Name, *Laura Strasburger*

7. Mother's Birthplace, *Baltimore*

8. Full Name of Father, *Same Strasburger*

9. Father's Occupation, *Clothing Business*

10. Father's Birthplace, *Germany*

11. Name of Medical Attendant, or other Person who makes this Return, *Crescentia Kunkel*

Address, *21 213 North Chapel street per Justina Kunkel*

Remarks, *Healthy*

for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 90975

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Nine children*

1. Sex (state whether ~~male~~ or female),

● Race or Color (if not of the white race),

3. Date of Birth,

4. Place of Birth (Street and Number),

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

● Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks,



31 December

1134 Chesapeake

Mary Loper

O. Henigan

Baltimore

Leonard Loper

Laborer

Baltimore

Miss Louch

807 Seaderhall St.

For each offense, to be recovered as other fines and forfeitures are recoverable.

CONFIDENTIAL - 1-24-62

BALTIMORE, CLY

A circular ink stamp from the Health Department of Baltimore, Maryland. The text "HEALTH DEPARTMENT" is curved along the top inner edge, and "BALTIMORE, MD." is curved along the bottom inner edge. In the center, the date "JAN 1 1887" is stamped in three lines.

RETURN OF A BIRTH 90977

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, Dec 31 1886

4. Place of Birth, (Street and Number) New 674 N. High St.

5. Full Name of Mother, Susan A. Schenkel

6. Mother's Maiden Name, Rixton

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Thos Schenkel

9. Father's Occupation, Wagonman

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return, Frederick Beckwith M.D.

Address, 578 Hanover St. No 2, 13

Remarks,

RETURN OF A BIRTH.

90978

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th
1. Sex (state whether male or female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth 31 of December
4. Place of Birth (Street and Number) 1131 Kirk St
5. Full Name of Mother Lizzie Hammond Hill
6. Mother's Maiden Name Hammond
7. Mother's Birthplace Baltimore
8. Full Name of Father John Hill
9. Father's Occupation Cigar maker
10. Father's Birthplace Baltimore
- Name of Medical Attendant, or other Person who makes this Return. Mr. J. W. C. C.
- Address 1025 North Bond St. Baltimore
- Remarks fine healthy child

RETURN OF A BIRTH 90979

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Eighth Child*
1. Sex (state whether male or female), *Male*
2. Race or Color (if not of the white race), *White*
3. Date of Birth, *December 31 " 1886*
4. Place of Birth (Street and Number), *No 415 Hollingwood Ave*
5. Full Name of Mother, *Elseluth Klingelhofer*
6. Mother's Maiden Name, *Waupel*
7. Mother's Birthplace, *Prussia Germany*
8. Full Name of Father, *David Klingelhofer*
9. Father's Occupation, *Wheelwright*
10. Father's Birthplace, *Prussia Germany*
11. Name of Medical Attendant, or other person who makes this Return, *Mrs. Wiley*
- Address, *No 611 Patterson Park Ave.*
- Remarks,

This copy will be placed in the files of the Registrar of Vital Statistics, and will be subject to the fine of ten (10) dollars for each offence, to be recovered, as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 90980

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, Dec 31 1886

4. Place of Birth, (Street and Number) 50 Wilmer St

5. Full Name of Mother, Anna Britton

6. Mother's Maiden Name, Anna Kister

7. Mother's Birthplace, Germany

8. Full Name of Father, August Britton

9. Father's Occupation, Hotel

10. Father's Birthplace, Germany

Name of Medical Attendant, or other Person who makes this Return, Dr. A. Mesangher

Address, 609

Remarks,

for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 90981

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

4 and

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth.

December 31, 1887

4. Place of Birth, (Street and Number)

Hambert St. No. 9

5. Full Name of Mother.

Maggie Fingel

6. Mother's Maiden Name.

Maggie Schroder

7. Mother's Birthplace.

Baltimore

8. Full Name of Father.

Frank J. Fingel

9. Father's Occupation.

Salor

10. Father's Birthplace.

Germany

Name of Medical Attendant, or other Person who makes this Return.

Mrs. Ethel

Address,

16-19 Calver St.

Remarks,

Baltimore

for each office to be recovered as other fines and forfeitures are recoverable.

Who shall be liable for each offence, to be recovered as other dues and forfeitures are recoverable.

RETURN OF A BIRTH 90982

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2th

1. Sex (state whether male or female),

Male.

2. Race or Color (if nat of the white race),

3. Date of Birth,

Dec. 31/1886.

4. Place of Birth (Street and Number),

310 N. Enoch St.

5. Full Name of Mother,

Mary Egan.

6. Mother's Maiden Name,

Myers.

7. Mother's Birthplace,

Washington D. C.

8. Full Name of Father,

Myer Egan.

9. Father's Occupation,

Clerk.

10. Father's Birthplace,

Edward P. Meritt

Name of Medical Attendant, or other person who makes this Return.

Dr. W. C. C. C. C.

Address,

Remarks,

RETURN OF A BIRTH 90983

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

4th

Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Dec 31 1886

4. Place of Birth, (Street and Number)

44 x 1104 Johnson Cr

5. Full Name of Mother,

Anna Jones

6. Mother's Maiden Name,

Anna Roach

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Oliver Jones

9. Father's Occupation,

Brick Layer

Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return.

H B Noble M.D.

Address,

301 Warren av

Remarks,

RETURN OF A BIRTH 90984

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race)

3. Date of Birth, Dec 31st 1887 - 1886

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

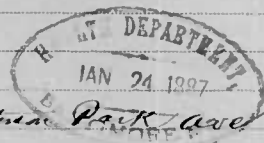
10. Father's Birthplace,

Name of Medical Attendant

or other Person who makes this Return

Address,

Remarks,



RETURN OF A BIRTH 90985

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether male or female),
2. Race or Color (if not of the white race),
3. Date of Birth,
4. Place of Birth (Street and Number),
5. Full Name of Mother,
6. Mother's Maiden Name,
7. Mother's Birthplace,
8. Full Name of Father,
9. Father's Occupation,
10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks,

1st
Female
White
DEC 31st
JAN 28 1927
BALTIMORE, MD.

621 Lexington
Ida Rogers
" Altier
City
Wm Rogers
Minister -
England
WCBurch 7th
511 Hanover St

who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

who shall thereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recovered.

RETURN OF A BIRTH 70986

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3^d
1. Sex (state whether male or female), male
2. Race or Color (if not of the white race), white
3. Date of Birth, Sept. 1. 1886
4. Place of Birth (Street and Number), 108 100th Ave SE 100th no. 48
5. Full Name of Mother, Sara L. Ragline
6. Mother's Maiden Name, " " Thompson
7. Mother's Birthplace, Md
8. Full Name of Father, Wm H Ragline
9. Father's Occupation, R.R. Engineer
10. Father's Birthplace, Va
11. Name of Medical Attendant, or other person who makes this Return, G. Lane Darnley
- Address, 922 Madison Ave
- Remarks,

RETURN OF A BIRTH 90987

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d

1. Sex (state whether male or female), female

2. Race or Color (if not of the white race), white

3. Date of Birth, Dec. 6 - 1886

4. Place of Birth (Street and Number), 936 E. Biddle, near Mosher

5. Full Name of Mother, Ella N. Hopple

6. Mother's Maiden Name, " " Kelly

7. Mother's Birthplace, Md.

8. Full Name of Father, Samuel S. Hopple

9. Father's Occupation, R. R. employe

10. Father's Birthplace, Penna

Name of Medical Attendant, or other person who makes this Return, G. Lane Tanager

Address, 922 Madison ave

Remarks, Along w/ womb: instruments and chloroform



Who shall thereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 90988

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth.

4. Place of Birth, (Street and Number).

5. Full Name of Mother.

6. Mother's Maiden Name.

7. Mother's Birthplace.

8. Full Name of Father.

9. Father's Occupation.

10. Father's Birthplace.

Name of Medical Attendant, or other Person who makes this Return.

Address.

Remarks.

1st
female
white
Dec 18th

1401 Hanson St

May Webb

" Frailinger

Philadelphia

Neal Webb

glass blower

how many

J. Bench Ind

511 Hanson St

of persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

any person who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH ⁹⁰⁹⁸⁹

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

3^d

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth

Dec 3-1890

4. Place of Birth, (Street and Number)

98 Waverly Avenue

5. Full Name of Mother,

Annie Downey

6. Mother's Maiden Name,

" Hall

7. Mother's Birthplace,

City

8. Full Name of Father,

Saml. A. Downey

9. Father's Occupation,

Carpenter

10. Father's Birthplace,

City

Name of Medical Attendant, or other person who makes this return.

J. C. Barchus M.D.

Address,

511 St. James St

Remarks,

RETURN OF A BIRTH 90989 68296

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

14th

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth

Dec 14th

4. Place of Birth, (Street and Number)

No 1203 Duane St. An

5. Full Name of Mother

Anastasia Metter

6. Mother's Maiden Name

Smith

7. Mother's Birthplace

City

8. Full Name of Father

Lehas, A. Metter

9. Father's Occupation

Clerk

10. Father's Birthplace

City

Name of Medical Attendant, or other Person who makes this return

J. C. Burch, M.D.

Address

511 Howard St

Remarks

Report the birth to the Commissioner of Health, or to the Registrar of Vital Statistics, within ten days of the birth, and for each failure to do so, the provisions of this section, shall be subjected to the fine of ten (10) dollars.

RETURN OF A BIRTH 00991

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: *Crastus Charles Gladning*

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st*

Sex (state whether male or female), *Male*

2. Race or Color (if not of the white race), *White*

3. Date of Birth, *Dec. 16*

4. Place of Birth (Street and Number), *1621 Hughes St.*

5. Full Name of Mother, *Katherine (Gladning) Gladning*

6. Mother's Maiden Name, *Samuelson*

7. Mother's Birthplace, *Baltimore*

8. Full Name of Father, *Samuel B. Gladning*

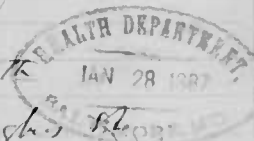
9. Father's Occupation, *Captain of express box*

10. Father's Birthplace, *Virginia*

Name of Medical Attendant, or other person who makes this Return. *J. C. Buck M.D.*

Address, *541 N. Main St.*

Remarks,



RETURN OF A BIRTH 70972

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Sex (state whether male or female),

2. Race or Color (if not of the white race),

3. Date of Birth,

4. Place of Birth (Street and Number),

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

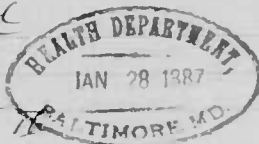
9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks,



2d
female
white
Dec 20 1886
1218 S. Eutan
Ella Reid
" Enaley
City
And Reid
Glassblower
Lawrence
J. O. Burch M.D.
511 Hanover St

RETURN OF A BIRTH 90993

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

Sex (state whether male or female), Female

2. Race or Color (if not of the white race), White

3. Date of Birth, DEC 24.

4. Place of Birth (Street and Number), 113 W. Conway

5. Full Name of Mother, Annie Higgins

6. Mother's Maiden Name, " Hustin

7. Mother's Birthplace, City

8. Full Name of Father, Michael J. Higgins

9. Father's Occupation, Contractor

10. Father's Birthplace, City

Name of Medical Attendant, or other person who makes this Return, J. C. Beach MD

Address, 511 Hanover St

Remarks,



who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH *90994.*

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *8th*

1. Sex (state whether male or female), *Female.*

2. Race or Color (if not of the white race), *White*

3. Date of Birth, *Dec 26th 1884*

4. Place of Birth (Street and Number), *1911 W. Lombard St. Baltimore*

5. Full Name of Mother, *Fredrica. Fohmann.*

6. Mother's Maiden Name, *Wolte*

7. Mother's Birthplace, *Frederick City, Md*

8. Full Name of Father, *Edward. Frederick. Fohmann.*

9. Father's Occupation, *Blacksmith.*

10. Father's Birthplace, *Oedelsheim, Germany.*

Name of Medical Attendant, or other person who makes this Return. *Wm Dumas*

Address,

Remarks,

mother. Immediately thereafter it shall become the duty of the person or persons of such child to report his birth to the Registrar of Health, in the manner and within the period above required, and any such person or persons who shall fail to do so shall be liable to a fine of ten dollars for each offense, to be recovered in other than and penalties are recoverable.

Missing 90995-91039, incl.

RETURN OF A BIRTH. 910.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

4

JAN 14 1887

1. Sex, (state whether male or female)

Mald

2. Race or Color, (if not of the white race)

Colored

3. Date of Birth

308 York St

Place of Birth, (Street and Number)

Jan 9th 1887

Full Name of Mother,.....

Annie Brown

her's Maiden Name,

Annie Adams

Father's Birthplace,

Baltimore

Full Name of Father,

Choron

9. *Father's Occupation,*

Agave americana

10. *Father's Birthplace,*

Atlantic Georgia

Name of Medical Attendant, or other Person who makes this Return.

Sept 10 1892

Address,

1912

Remarks,

[Faint handwritten notes at the bottom of the page]

or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH ⁹¹⁰⁴¹

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2
1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) color
3. Date of Birth, Jan 21 1
4. Place of Birth, (Street and Number) 255 N. Lexington St.
5. Full Name of Mother, Florence Blake
6. Mother's Maiden Name, Florence Bennett
7. Mother's Birthplace, Baltimore
8. Full Name of Father, James Blake
9. Father's Occupation, day laborer
10. Father's Birthplace, Baltimore
- Name of Medical Attendant, or other Person who makes this Return, Dr. Smith
- Address, 1516 Maryland St.
- Remarks,

RETURN OF A BIRTH *91042*

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *3*
1. Sex, (state whether male or female) *Male*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *January 19, 1897*
4. Place of Birth, (Street and Number) *Baltimore 218*
5. Full Name of Mother, *Ida Blucher*
6. Mother's Maiden Name, *Ida Harazin*
7. Mother's Birthplace, *Baltimore*
8. Full Name of Father, *William Blucher*
9. Father's Occupation, *laborer*
10. Father's Birthplace, *Baltimore*
- Name of Medical Attendant, or other Person who makes this Return. *Susan Hunter*
- Address, *21 & 23 new of Poppleton St*
- Remarks,

report to him to the Commissioner of Health, in the manner and within the period above required, and any such person who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 91048

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) male

2. Race or Color, (if not of the white race) white

3. Date of Birth, Jan 1 1887

4. Place of Birth, (Street and Number) Randall St 2 door from Hancock

5. Full Name of Mother, Matilda Reidel

6. Mother's Maiden Name, Matilda Leisner

7. Mother's Birthplace, Germany

8. Full Name of Father, Christy Reidel

9. Father's Occupation, Shoe maker

10. Father's Birthplace, Baltimore city md

Name of Medical Attendant, or other Person who makes this Return, E. Hinton

Address, etc 1737 W. Charles Street

Remarks,



of persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 91644

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

January 1, 1887

4. Place of Birth, (Street and Number)

36 Edmonson Avenue

5. Full Name of Mother,

J. Lillian Armacost

6. Mother's Maiden Name,

Campbell

7. Mother's Birthplace,

Baltimore City

8. Full Name of Father,

Frank H. Armacost

9. Father's Occupation,

Merchant

10. Father's Birthplace,

Carroll County Md.

Name of Medical Attendant, or other Person who makes this Return

Marbury Brewster

Address,

1031 McCulloch St.

Remarks,



RETURN OF A BIRTH 91045

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Second*
1. Sex, (state whether male or female) *Female*
2. Race or Color, (if not of the white race)
3. Date of Birth, *Jan 1 1887*
4. Place of Birth, (Street and Number) *Baltimore No 843*
5. Full Name of Mother, *Ida Haushalter*
6. Mother's Maiden Name, *Ida Murphy*
7. Mother's Birthplace, *Newark New Jersey*
8. Full Name of Father, *Fredrick Haushalter*
9. Father's Occupation, *Button tool maker*
10. Father's Birthplace, *Newark New Jersey*
- Name of Medical Attendant, or other Person who makes this Return. *Mrs M. Shaffer*
- Address, *1139 Ridgely St*
- Remarks,



RETURN OF A BIRTH 91046

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) Color

3. Date of Birth, January 5 - 1885

4. Place of Birth, (Street and Number) 207 Baltimore St. No. 4

5. Full Name of Mother, Catherine Williams

6. Mother's Maiden Name, Brown

7. Mother's Birthplace, Baltimore, Md.

8. Full Name of Father, Thomas Williams

9. Father's Occupation, Carpenter

10. Father's Birthplace, Baltimore, Md.

Name of Medical Attendant, or other Person who makes this Return, Dr. Charles Williams

Address, 501 (1) Centre St. - City

Remarks,

or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

910.47

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2nd

1. Sex (state whether male or female)

Male

2. Race or Color (if not of the white race)

Caucasian

3. Date of Birth

Jan 1st 1887

4. Place of Birth (Street and Number)

521 N. Holladay St

5. Full Name of Mother

Elizabeth Walker

6. Mother's Maiden Name

Anna Armistead

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

John L. Bowman

Address

602 N. Sheffield St

Remarks

report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 91048

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) W.

3. Date of Birth, Jan 1st

4. Place of Birth, (Street and Number) 204 E. Pratt St

5. Full Name of Mother, Kate Leech

6. Mother's Maiden Name, Rich

7. Mother's Birthplace, Balt

8. Full Name of Father, Charles Leech

9. Father's Occupation, Car Driver

10. Father's Birthplace, Balt

Name of Medical Attendant, or other Person who makes this Return.

Address, 117 J. Bond St

Remarks,

Mrs Gutzke

RETURN OF A BIRTH 91049

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *6th Child*
1. Sex, (state whether male or female) *Male Child*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *1st of January*
4. Place of Birth, (Street and Number) *St 210 Rock street*
5. Full Name of Mother, *Maggie Ellen White*
6. Mother's Maiden Name, *Maggie Ellen Danner*
7. Mother's Birthplace, *America*
8. Full Name of Father, *Columbus A. White*
9. Father's Occupation, *Whip maker*
10. Father's Birthplace, *America*
11. Name of Medical Attendant, or other Person who makes this Return. *Mrs Danner*
- Address, *100 N. Calver St.*
- Remarks,

RETURN OF A BIRTH ⁹¹⁰⁵⁰

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether male or female),

2. Race or Color (if nat of the white race),

3. Date of Birth,

4. Place of Birth (Street and Number),

5. Full Name of Mather,

6. Mather's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this return.

Address,

Remarks,



Who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (\$10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH ⁹¹⁰⁸¹

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *3rd*

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *Jan 10 1881*

4. Place of Birth, (Street and Number) *150 E. Madison St*

5. Full Name of Mother, *Mary Hall*

6. Mother's Maiden Name, *Mary E. Brown*

7. Mother's Birthplace, *Baltimore Md*

8. Full Name of Father, *John Hall*

9. Father's Occupation, *Printer*

10. Father's Birthplace, *Baltimore Md*

Name of Medical Attendant, or other Person who makes this Return. *Mrs C. Mesinger*

Address, *109 N. Market St*

Remarks,

RETURN OF A BIRTH ~~91052~~

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th (91052)

1. Sex, (state whether male or female).. Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, Jan'y 1st 1887

4. Place of Birth, (Street and Number) 214 N. 2nd St.

5. Full Name of Mother, Maggie Glenn

6. Mother's Maiden Name, Maggie Hartford

7. Mother's Birthplace, Germany

8. Full Name of Father, Robert Glenn

9. Father's Occupation, Brick Layer

10. Father's Birthplace, Balt

Name of Medical Attendant, or other Person who makes this Return, Daniel V. Mayne M.D.

Address, 728 Augusta St.

Remarks, City

Baby died of dysentery on Jan'y 2nd

RETURN OF A BIRTH. 91053

GIVEN NAME ADDED 1-15-88

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: *Edith Isabelle Gaunt*
No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *1st*

1. Sex, (state whether male or female) *Female*

2. Race or Color, (if not of the white race)

3. Date of Birth

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,



for each offence to be recovered as other fines and forfeitures are recovered.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,

4
Male
JAN 16 1897
121 of Mass.
192 Mass.
Anne Reichel
Thuring

Baltimore
Paul Reichel
Cooper

Germany
Sarah Cooper
1016 E. Lombard St

RETURN OF A BIRTH 91055

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

3

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

3. Date of Birth,

1st of Jan. 1887

4. Place of Birth, (Street and Number)

222 Chestnut St.

5. Full Name of Mother,

Mary Sunday

6. Mother's Maiden Name,

Hare

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Wilhelm Sunday

9. Father's Occupation,

Baker

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return.

Sarah Casper

Address,

1016 E. Lombard St.

Remarks,

RETURN OF A BIRTH 91056

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race)

3. Date of Birth, 1st of Jan. 1887

4. Place of Birth, (Street and Number) 205 S. Calverton St.

5. Full Name of Mother, Minnie Miller

6. Mother's Maiden Name, Schlocter

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Karl Miller

9. Father's Occupation, Carpenter

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return, Sarah Casper

Address, 1016 E. Lombard St.

Remarks,

RETURN OF A BIRTH 91057

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Third

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

1st January 1887

4. Place of Birth, (Street and Number)

35 Pearl Street

5. Full Name of Mother,

Maria Fearncombe

6. Mother's Maiden Name,

Maria

7. Mother's Birthplace,

Bristol England

8. Full Name of Father,

John Fearncombe

9. Father's Occupation,

Manufacturer, Sash &c.

10. Father's Birthplace,

Taunton, Somerset Co Eng.

Name of Medical Attendant, or other Person who makes this Return.

Mrs Sturkel

Address,

21 North Poppleton

Remarks,

21, 23 New Poppleton St., North

RETURN OF A BIRTH 91058

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

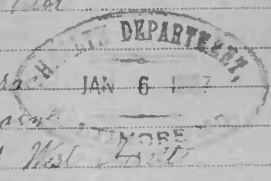
9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,



[Handwritten signature]

RETURN OF A BIRTH 91059

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

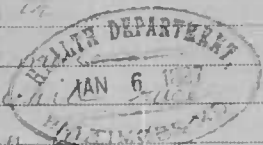
9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,



January 6 1901
Baltimore

Jane Delon

Lorinda

Baltimore

Lewis Delon

Cabman

Baltimore

Elizabeth Nation

Light St. 15-14

RETURN OF A BIRTH 91060

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

Sex (state whether male or female), Male

2. Race or Color (if not of the white race), White

3. Date of Birth, Jan 1911

4. Place of Birth (Street and Number), 327 Durham

5. Full Name of Mother, Barbara Projak

6. Mother's Maiden Name, Barbara Holo

7. Mother's Birthplace, Poland

8. Full Name of Father, Arthur Projak

9. Father's Occupation, Baker

Father's Birthplace, Poland

Name of Medical Attendant, or other person who makes this Return, Mary Kof. G.

Address, 18 Washington St

Remarks,



who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 91061

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

5th child

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Jan. 1/87

4. Place of Birth, (Street and Number)

103 S. Wash. St.

5. Full Name of Mother,

Maggie Walters

6. Mother's Maiden Name,

Brown

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Jno. Walters

9. Father's Occupation,

Engineer

10. Father's Birthplace,

Bald.

Name of Medical Attendant, or other Person who makes this Return.

R. W. Mansfield M.D.

Address,

50 or 129 S Broadway

Remarks,

RETURN OF A BIRTH

91062

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

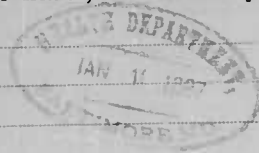
9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,



Male

Jan 1 1887

1931 Eastern Av. Balto Md.

Elizabeth German

Hoose

Balto. Md.

William German

Baker

Germany

Caroline Miller

1605 Walker St. Balto. Md.

RETURN OF A BIRTH 91063

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)... 29

1. Sex, (state whether male or female)... male

2. Race or Color, (if not of the white race)... Colored

3. Date of Birth... Jan 20

4. Place of Birth, (Street and Number)... 1377 Pennell ally

5. Full Name of Mother... Mary E. Barron

6. Mother's Maiden Name... Mary E. Graham

7. Mother's Birthplace... Baltimore

8. Full Name of Father... Nicholas Barron

9. Father's Occupation... Laborer

10. Father's Birthplace... Baltimore

Name of Medical Attendant, or other Person who makes this Return... Healer Holmce

Address... 434 W. ...

Remarks...



RETURN OF A BIRTH 91064

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th

1. Sex (state whether male or female), Female

2. Race or Color (if not of the white race), White

3. Date of Birth, January 2d 1897

4. Place of Birth (Street and Number), Highlandtown - B.C. Dist. ST No 1023

5. Full Name of Mother, Sarah Kane

6. Mother's Maiden Name, Sarah Kane

7. Mother's Birthplace, Ireland

8. Full Name of Father, George Kane

9. Father's Occupation, Catholic

10. Father's Birthplace, Ireland

11. Name of Medical Attendant, or other person who makes this Return, Mrs. Wiley

Address, No. 611 Patterson Park Ave.

Remarks, :



RETURN OF A BIRTH 9/065

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Sixth Child*

1. Sex (state whether male or female), *Male*

2. Race or Color (if not of the white race), *White*

3. Date of Birth, *January 2 " 1887.*

4. Place of Birth (Street and Number), *402. Patterson Park, Co.*

5. Full Name of Mother, *Mother Ella Wagner*

6. Mother's Maiden Name, *Mother Ella Starr*

7. Mother's Birthplace, *Baltimore*

8. Full Name of Father, *Michel John Wagner*

9. Father's Occupation, *Burger*

10. Father's Birthplace, *Baltimore*

11. Name of Medical Attendant, or other person who makes this Return. *Mrs. Wiley*

Address, *No 611 Patterson Park Co.*

Remarks,

RETURN OF A BIRTH 91866

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race)

3. Date of Birth, 2nd of Jan 1887

4. Place of Birth, (Street and Number) 113 N. Bond St.

5. Full Name of Mother, Minnie Stitzer

6. Mother's Maiden Name, Blumberg

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Karl Stitzer

9. Father's Occupation, Clerk

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return, Sarah Cooper

Address, 1016 E. Lombard St.

Remarks,

RETURN OF A BIRTH 91067

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *6* *Child*

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race) *Colored*

3. Date of Birth, *2 Jan 1906*

4. Place of Birth, (Street and Number) *Baltimore 51 E. Pratt St*

5. Full Name of Mother, *Bettie Brown*

6. Mother's Maiden Name, *Bettie Chaplin*

7. Mother's Birthplace, *Wackerly, Va*

8. Full Name of Father, *Amie Brown*

9. Father's Occupation, *Minister*

10. Father's Birthplace, *Richmond Va*

Name of Medical Attendant, or other Person who makes this Return. *Kathleen Riley*

Address, *44 Walker*

Remarks.

RETURN OF A BIRTH 91068

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, 2nd Jan., 1887

4. Place of Birth, (Street and Number) 12 N. Caroline St.

5. Full Name of Mother, Johanna Courtney

6. Mother's Maiden Name, " Hallan

7. Mother's Birthplace, Baltimore

8. Full Name of Father, John Courtney

9. Father's Occupation, Blacksmith

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return, Mary Walters

Address, 125 N. Caroline St.

Remarks,

RETURN OF A BIRTH

91069

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

(2nd) S. S. Hild

Sex, (state whether male or female)

Female

Race or Color, (if not of the white race)

White

Date of Birth,

January 2 1887

Place of Birth, (Street and Number)

1014 W. St. Stephen St.

Full Name of Mother,

Ann M. Mason

Mother's Maiden Name,

Henderson

Mother's Birthplace,

Mathews Co Va

Full Name of Father,

Thomas R. Mason

Father's Occupation,

Brick Layer

Father's Birthplace,

Glorious Co Va

Name of Medical Attendant, or other Person who makes this Return

J. B. Hild

Address,

403 W. Pratt St

Remarks,

RETURN OF A BIRTH 91070

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether male or female),

2. Race or Color (if nat of the white race),

3. Date of Birth,

4. Place of Birth (Street and Number),

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

11. Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks,

Male
White
Sept 10 1887
1115 N. High St. Baltimore City
Lizzie Schaffer
Lizzie Shanley
Baltimore
Louis Schaffer
Laborer
Baltimore
Lena Grubler
1115 N. High St.

RETURN OF A BIRTH 91071

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 11/4

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) Colored

3. Date of Birth, 2nd Jan.

4. Place of Birth, (Street and Number) 158 Spring St

5. Full Name of Mother, Mary E Ward

6. Mother's Maiden Name, " Black

7. Mother's Birthplace, Balto

8. Full Name of Father, Philip D Ward

9. Father's Occupation, Bartender

10. Father's Birthplace, Balto

Name of Medical Attendant, or other Person who makes this Return, Mrs J. L. Greeny

Address, 941 N Gay St

Remarks, Cause by Accident Still Birth



RETURN OF A BIRTH 91072

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex, (state whether male or female) male

2. Race or Color, (if not of the white race) W

3. Date of Birth, Jan 2nd

4. Place of Birth, (Street and Number) 107 Cambridge St (Canton)

5. Full Name of Mother, Kate Schultz

6. Mother's Maiden Name, " Schmidt

7. Mother's Birthplace, Balt

8. Full Name of Father, Ludwig Schultz

9. Father's Occupation, Tinner

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return Mrs Goetzke

Address, 117 Bond St

Remarks,

RETURN OF A BIRTH ⁹¹¹⁷³

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Sixth

Sex, (state whether male or female)

Male

Race or Color, (if not of the white race)

White

Date of Birth,

Jan. 2 / 87

Place of Birth, (Street and Number)

179 Penn.

Full Name of Mother,

Ella Kline

Mother's Maiden Name,

Bready

Mother's Birthplace,

Balto

Full Name of Father,

Wm Kline

Father's Occupation,

News dealer

Father's Birthplace,

Balto

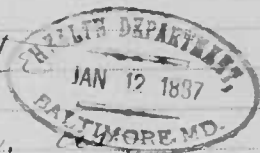
Name of Medical Attendant, or other Person who makes this Return

C. A. Lewis

Address,

602 Hanover St

Remarks,



To a line of ten dollars for each offence, to be recovered as above from any person who is responsible.

RETURN OF A BIRTH 91074

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *first*

1. Sex, (state whether male or female) *male*

2. Race or Color, (if not of the white race) *color*

3. Date of Birth, *2nd January*

4. Place of Birth, (Street and Number) *139 Dolphin St.*

5. Full Name of Mother, *Mary Green*

6. Mother's Maiden Name, *Mary Green*

7. Mother's Birthplace, *Virginia*

8. Full Name of Father, *Joseph Green*

9. Father's Occupation, *Walter*

10. Father's Birthplace, *North Carolina*

Name of Medical Attendant, or other Person who makes this Return, *Annie Johnson*

Address, *94 Tison street*

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Second Child*
1. Sex, (state whether male or female) *Female*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *Jan 15 1887*
4. Place of Birth, (Street and Number) *115 S. Charles St.*
5. Full Name of Mother, *Mrs. Annie M. Williams*
6. Mother's Maiden Name, *Miss Annie Williams*
7. Mother's Birthplace, *Cecil County, Maryland*
8. Full Name of Father, *John M. Williams*
9. Father's Occupation, *Bookkeeper*
10. Father's Birthplace, *Baltimore City*
- Name of Medical Attendant, or other Person who makes this return, *Mrs. R. D. Gable*
- Address, *65 Burke St.*
- Remarks, *family Mrs. R. D. Gable*

RETURN OF A BIRTH 91076

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8
1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, January 3/87
4. Place of Birth, (Street and Number) 850 State Street
5. Full Name of Mother, Lizzie Legumish
6. Mother's Maiden Name, Lizzie Keller
7. Mother's Birthplace, Md
8. Full Name of Father, William Keller
9. Father's Occupation, Carpenter
10. Father's Birthplace, Md
- Name of Medical Attendant, or other Person who makes this Return, John Woodland
- Address,
- Remarks,

RETURN OF A BIRTH. 91077

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

9th

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth

Jan 30 - 1887

4. Place of Birth, (Street and Number)

183 N. Mount St

5. Full Name of Mother,

Latha Agnes Sedwick

6. Mother's Maiden Name,

" " Peterson

7. Mother's Birthplace,

Balvest Co Md

8. Full Name of Father,

Benjamin Joshua Sedwick

9. Father's Occupation,

Clerk Tobacco Wh.

10. Father's Birthplace,

Balvest Co Md

Name of Medical Attendant, or other Person who makes this Return.

John Henry Hae MD

Address,

207 N. Calverton Ave

Remarks,



For each addition to the returned as in other lines and additions are necessary.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2d. Harry E. Ballman

Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Jan 3d 1887

4. Place of Birth, (Street and Number)

908 Mc Kinnough St

5. Full Name of Mother,

Emma H. Ballman

6. Mother's Maiden Name,

Emma H. Mann.

7. Mother's Birthplace,

Balti Md.

8. Full Name of Father,

Geo H. Ballman.

9. Father's Occupation,

Cannemaker

10. Father's Birthplace,

Balti Md

Name of Medical Attendant, or other Person who makes this Return

A. L. Gage M.D.

Address,

361 N Broadway

Remarks,

For each instance of the occurrence of a birth, this form and certificate are recoverable.

RETURN OF A BIRTH 91079.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) female

2. Race or Color, (if not of the white race) white

3. Date of Birth, Jan. 3rd 1887

4. Place of Birth, (Street and Number) 118 N. Front st.

5. Full Name of Mother, Kate Kendall

6. Mother's Maiden Name, Bayer

7. Mother's Birthplace, Baltimore

8. Full Name of Father, John Kendall

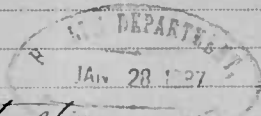
9. Father's Occupation, Laborer

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return, Mrs. C. Bernstein

Address, 122 S. Exeter st.

Remarks,



RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2nd

1. Sex, (state whether male or female).

female

2. Race or Color, (if not of the white race)

colored

3. Date of Birth,

Sunday January 1st 1897

4. Place of Birth, (Street and Number)

Baltimore 49 Little Pine St

5. Full Name of Mother,

Letha Ford

6. Mother's Maiden Name,

Letha Allen

7. Mother's Birthplace,

Galveston Texas

8. Full Name of Father,

Alexandra Ford

9. Father's Occupation,

Porter

10. Father's Birthplace,

Baltimore

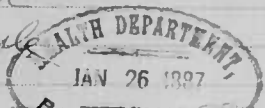
Name of Medical Attendant, or other Person who makes this Return.

Dinah J. Duval

Address,

49 Jasper St Baltimore City

Remarks,



for each offence to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 91081

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th Child

1. Sex, (state whether male or female) Little Girl

2. Race or Color, (if not of the white race) White race

3. Date of Birth, Born January 3rd 1887

4. Place of Birth, (Street and Number) 310 Baltimore

5. Full Name of Mother, Mrs. Limbrech

6. Mother's Maiden Name, Miss Emma Cline

7. Mother's Birthplace, Harperry

8. Full Name of Father, Mr. John Limbrech

9. Father's Occupation, Junholealer

10. Father's Birthplace, Harperry Harperry

Name of Medical Attendant, or other Person who makes this Return, Mrs. Miller

Address, 614 E. 1017 and 1018

Remarks,

RETURN OF A BIRTH ⁹¹⁰⁸²

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, 3 Jan 1887

4. Place of Birth, (Street and Number) 27 Duane St

5. Full Name of Mother, Mrs Ludwig

6. Mother's Maiden Name, Mary Kaprol

7. Mother's Birthplace, Bohemia

8. Full Name of Father, Jos Ludwig

9. Father's Occupation, Teacher

10. Father's Birthplace, Bohemia

Name of Medical Attendant, or other Person who makes this Return. Mary K. Smith

Address, 111 Washington St

Remarks,



RETURN OF A BIRTH

91083

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, 3 Jan 1887

4. Place of Birth, (Street and Number) 711 Lusham St

5. Full Name of Mother, Valentine Hernias

6. Mother's Maiden Name, Valentine Gorske

7. Mother's Birthplace, Bohemia

8. Full Name of Father, John Hernias

9. Father's Occupation, Laborer

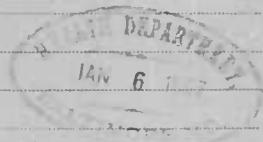
10. Father's Birthplace, Bohemia

Name of Medical Attendant, or other Person who makes this Return

Mary Ketch

Address, 1 Washington St

Remarks,



RETURN OF A BIRTH

910841

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2.

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, 5 Jan 1887

4. Place of Birth, (Street and Number) 181 Chippendale St

5. Full Name of Mother, Jennie Herman

6. Mother's Maiden Name, Jennie Lister

7. Mother's Birthplace, Germany

8. Full Name of Father, Edward Herman

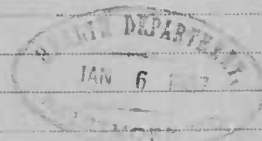
9. Father's Occupation, Tailor

10. Father's Birthplace, Germany

Name of Medical Attendant, or other Person who makes this Return, Mary Leitch

Address, 617 Washington St

Remarks,



RETURN OF A BIRTH

91085

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

female

2. Race or Color, (if not of the white race)

colored

3. Date of Birth,

Jan. the 3. 1887

4. Place of Birth, (Street and Number)

St Paul St 86

5. Full Name of Mother,

Louise Jackson

6. Mother's Maiden Name,

Louise Jackson

7. Mother's Birthplace,

Wes Va

8. Full Name of Father,

Willie Birch

9. Father's Occupation,

Washing

10. Father's Birthplace,

Hampton Ga.

Name of Medical Attendant, or other Person who makes this return.

Willie Birch

Address,

917 West Cutler St

Remarks,

RETURN OF A BIRTH

91086

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

4th

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

January the 3d 1907

4. Place of Birth, (Street and Number)

Baltimore, Baltimore, Md.

5. Full Name of Mother,

Louisa Lipp

6. Mother's Maiden Name,

Louisa

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

John Lipp

9. Father's Occupation,

Teacher

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return.

Elizabeth Haller

Address,

Light St. 13:14

Remarks,

RETURN OF A BIRTH 91087

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Na. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2/16

1. Sex (state whether male or female), Female.

2. Race or Color (if nat of the white race)

3. Date of Birth, Jan 31 887

4. Place of Birth (Street and Number), 113 N. Arch. St.

5. Full Name of Mother, Ellen J. Connors

6. Mother's Maiden Name, O'Dend'hal

7. Mother's Birthplace, Balt.

8. Full Name of Father, Thomas C. Connors

9. Father's Occupation, Painter

10. Father's Birthplace, N.Y. York City

Name of Medical Attendant, or other person who makes this Return, Geo. W. J. Morris

Address, 208 Craig with St.

Remarks,



RETURN OF A BIRTH 91058

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

first.

1. Sex, (state whether male or female)

female.

2. Race or Color, (if not of the white race)

3. Date of Birth,

January the third 1887

4. Place of Birth, (Street and Number)

57 1/2 North Gay Str.

5. Full Name of Mother,

Helene Pistor.

6. Mother's Maiden Name,

Helene Grever.

7. Mother's Birthplace,

Aachen, (Prussia)

8. Full Name of Father,

Oscar Pistor.

9. Father's Occupation

Piano, and Organ-maker, and tuner.

10. Father's Birthplace,

Berlin, (Prussia)

Name of Medical Attendant, or other Person who makes this Return.

Wm. Aug. B. Gubman.

Address,

No. 28. E. Lincoln St Baltimore

Remarks,

B.P.

RETURN OF A BIRTH 91089.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 11

1. Sex (state whether male or female),

female

2. Race or Color (if not of the white race),

Colored

3. Date of Birth,

Jan - 4 - 1878

4. Place of Birth (Street and Number),

No 578 Biddle St

5. Full Name of Mother,

Rebecca Gibson

6. Mother's Maiden Name,

Rebecca Lomack

7. Mother's Birthplace,

Baltimore City

8. Full Name of Father,

Isaac Gibson

9. Father's Occupation,

Laborer

10. Father's Birthplace,

Baltimore City

Name of Medical Attendant, or other person who makes this Return.

Harlan Halson

Address,

5037 Walnut alley

Remarks,

for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

91090

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

of Child of Mother. (state whether 1st, 2d, 3d, &c.)

Sex, ☒ whether male or female

female
white

Race or Color, (if not of the white race)

Date of Birth, Tuesday January 4 1887

Place of Birth, (Street and Number) 1027 Chapple St

Full Name of Mother, ~~Mary Sheter~~ Mary Kesler

Mother's Maiden Name,

Mary Sheter

Mother's Birthplace, York Pennsylvania

Full Name of Father, Kun Kesler

Father's Occupation, in iron foundry

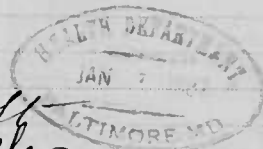
Father's Birthplace, Germany

Name of Medical Attendant, or other Person who makes this Return

Elen Carson

Address, 1026 Chappel St

Remarks,



RETURN OF A BIRTH 91091

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5
1. Sex (state whether male or female), Female
2. Race or Color (if not of the white race), White
3. Date of Birth, 4 of January 1894
4. Place of Birth (Street and Number), 14 216 Baltimore
5. Full Name of Mother, Annie Maria
6. Mother's Maiden Name, Annie Baker
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Patrick Maria
9. Father's Occupation, Laborer
10. Father's Birthplace, Baltimore
- Name of Medical Attendant, or other person who makes this Return, Tobias A. Criswell
- Address, 14 216 Baltimore
- Remarks,

RETURN OF A BIRTH 91092

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.).

2nd

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race).

W.

3. Date of Birth.

May 4/87

4. Place of Birth, (Street and Number)

1424 Pikes Lane

5. Full Name of Mother,

Minnie D. Buchanan

6. Mother's Maiden Name,

" " Mackenzie

7. Mother's Birthplace,

Pennsylvania

8. Full Name of Father,

August W. Buchanan

9. Father's Occupation,

Mechanic

10. Father's Birthplace,

Pennsylvania

Name of Medical Attendant, or other Person who makes this Return.

J. A. Morrison

Address,

424 S. B. St.

Remarks,

RETURN OF A BIRTH ⁹¹⁰⁹³

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

Sex, (state whether male or female) Female

Race or Color, (if not of the white race) White

Date of Birth, Jan 4th 1887

Place of Birth, (Street and Number) No 11 Marshall St

Full Name of Mother, Mary Schittens

Mother's Maiden Name, Mary Evans

Mother's Birthplace, Baltimore Co md

Full Name of Father, George Schittens

Father's Occupation, Tin & Sheet Iron Worker

Father's Birthplace, Baltimore city md

Name of Medical Attendant, or other Person who makes this Return, E. Hinton

Address, No 1734 N. Charles St

Remarks,

RETURN OF A BIRTH 91094

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether male or female),

2. Race or Color (if not of the white race),

3. Date of Birth,

4. Place of Birth (Street and Number),

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks,

DEPARTMENT
White Males 6

4 of January 1897

10 Columbia Ave

Edith Elchofer

Mary Hess

Baltimore

Edolph Elchofer

Labors

Masson

Salmon Christman

1027 West St

RETURN OF A BIRTH 91095

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Fourth

Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Jan 4 84

4. Place of Birth, (Street and Number)

#17 Mulberry

5. Full Name of Mother, Belle Wapenman

6. Mother's Maiden Name, Coonsline

7. Mother's Birthplace, United States

8. Full Name of Father, Levi Wapenman

9. Father's Occupation, Travelling Salesman

10. Father's Birthplace, W S

Name of Medical Attendant, or other Person who makes this Return.

St. Smedeswald

Address,

88 W. Eutaw Street

Remarks,

RETURN OF A BIRTH *91096.*

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) */*

1. Sex (state whether male or female), *Female*

2. Race or Color (if not of the white race), *Colored*

3. Date of Birth, *Jan 4th / 1887*

4. Place of Birth (Street and Number),

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

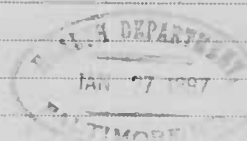
9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks,



For each infant, to be recovered an other slave and peferences are recoverable.

RETURN OF A BIRTH 91097.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether male or female),

Male

2. Race or Color (if not of the white race),

White

3. Date of Birth,

Jan 4 / 1897

4. Place of Birth (Street and Number),

1920 E Monument St

5. Full Name of Mother,

Mary E. Gouze

6. Mother's Maiden Name,

Thompson

7. Mother's Birthplace,

Maryland

8. Full Name of Father,

William E. Gouze

9. Father's Occupation,

Trimmer

10. Father's Birthplace,

Maryland

Name of Medical Attendant, or other person who makes this Return.

W. E. Gouze

Address,

(Fisher)

Remarks,

RETURN OF A BIRTH.

91098

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *2nd*

1. Sex (state whether Male or Female) *Female*

2. Race or Color (if not of the white race) *Negro*

3. Date of Birth *Jan. 4th 1887*

4. Place of Birth (Street and Number) *924 Greenwillow Ct.*

5. Full Name of Mother *Elenora Adams*

6. Mother's Maiden Name *Ellis*

7. Mother's Birthplace *Balto. City*

8. Full Name of Father *John H. Adams*

9. Father's Occupation *Laborer*

10. *Father's* Birthplace *Balto.*

Name of Medical Attendant, or other Person who makes this Return. *J. B. Gardner*

Address *424 N. Greene St.*

Remarks

RETURN OF A BIRTH 91099

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Fourth Child*

1. Sex (state whether male or female), *Male*

2. Race or Color (if not of the white race), *White*

3. Date of Birth, *January 4th 1887*

4. Place of Birth (Street and Number), *No 508 Bond St*

5. Full Name of Mother, *Laura M. Grail*

6. Mother's Maiden Name, *Hinks*

7. Mother's Birthplace, *Baltimore*

8. Full Name of Father, *John M. Grail*

9. Father's Occupation, *Laborer*

10. Father's Birthplace, *Baltimore*

Name of Medical Attendant, or other person who makes this Return, *Mrs Wiley*

Address, *No 519 Patterson Park Rd*

Remarks,

RETURN OF A BIRTH 91100

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1
1. Sex, (state whether male or female). Male
2. Race or Color, (if not of the white race) _____
3. Date of Birth, 4th of Jan. 1887
4. Place of Birth, (Street and Number) 1143 E. Lombard St.
5. Full Name of Mother, Kate Comandi
6. Mother's Maiden Name, Trickens
7. Mother's Birthplace, Germany
8. Full Name of Father, Emanuel Comandi
9. Father's Occupation, Barman
10. Father's Birthplace, Germany
- Name of Medical Attendant, or other Person who makes this Return. Sarah Kasper
- Address, 1016 E. Lombard St.
- Remarks, _____

RETURN OF A BIRTH 91101

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth. 4th

4. Place of Birth, (Street and Number) 1148 Hanover St. Baltimore Md

5. Full Name of Mother. Ella Hanora Tallon

6. Mother's Maiden Name, Ella H. McHale

7. Mother's Birthplace, Baltimore Md

8. Full Name of Father, John Tallon

9. Father's Occupation, Laborer

10. Father's Birthplace, Ireland

Name of Medical Attendant, or other Person who makes this Return Mrs. E. H. C. C.

Address, 1916 Calver St

Remarks,

RETURN OF A BIRTH 91102

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

3rd

1. Sex (state whether male or female),

Male

2. Race or Color (if nat of the white race),

White

3. Date of Birth,

4th

Jan

4. Place of Birth (Street and Number),

1-16 1/2

1st St

5. Full Name of Mother,

Louise Green

6. Mother's Maiden Name,

Louise Cramer

7. Mother's Birthplace,

Germany

8. Full Name of Father,

Conrad Green

9. Father's Occupation,

Beer Brewer

10. Father's Birthplace,

Germany

Name of Medical Attendant, or other person who makes this Return.

Mr. Brown

Address,

1500 Charles St near Balto Ave

Remarks,

RETURN OF A BIRTH 91103.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st.

Sex, (state whether male or female) male

2. Race or Color, (if not of the white race) white

3. Date of Birth, Jan. 4, 1887

4. Place of Birth, (Street and Number) 2511 Canton Street

5. Full Name of Mother, Margaret Gore

6. Mother's Maiden Name, Margaret Gager

7. Mother's Birthplace, Balt.

8. Full Name of Father, John Gore

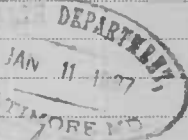
9. Father's Occupation, Laborer

10. Father's Birthplace, Balt.

Name of Medical Attendant, or other Person who makes this Return, Wm. S. L. Payne

Address, 724 Myrtle St.

Remarks,



RETURN OF A BIRTH

91104

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st or 2nd

Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

Colored

3. Date of Birth,

January 4th

4. Place of Birth, (Street and Number)

Cardine St

5. Full Name of Mother,

Florence Virginia Jones

6. Mother's Maiden Name,

Florence Virginia Jones

7. Mother's Birthplace,

Baltimore City

8. Full Name of Father,

Thomas Henry Jones

9. Father's Occupation,

Porter

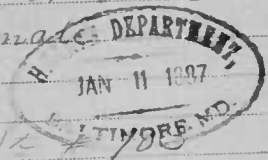
10. Father's Birthplace,

Baltimore City

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,



For each instance of the occurrence an entry must be made in the appropriate register.

RETURN OF A BIRTH.

91105

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

3rd

1. Sex (state whether Male or Female)

Male

2. Race or Color (if not of the white race)

White

3. Date of Birth

Jan. 4/87

4. Place of Birth (Street and Number)

316 N. Fremont Ave.

5. Full Name of Mother

Scharfer

6. Mother's Maiden Name

Osborne

7. Mother's Birthplace

Baltic

8. Full Name of Father

Richard Scharfer

9. Father's Occupation

Undertaker

10. Father's Birthplace

Baltic

Name of Medical Attendant, or other Person who makes this Return.

Wm. B. Miller

Address

867 Harlem Ave.

Remarks

RETURN OF A BIRTH *91106*

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *4th Child*

1. Sex (state whether male or female),

2. Race or Color (if not of the white race), *White*

3. Date of Birth, *January the 4, 1887*

4. Place of Birth (Street and Number), *N. Wolfe St. No. 613*

5. Full Name of Mother, *Clara Malveis*

6. Mother's Maiden Name, *Clara Klippers*

7. Mother's Birthplace, *Philadelphia St. Prasilounia U.S.*

8. Full Name of Father, *Heinrich B. Malveis*

9. Father's Occupation, *Harness maker*

10. Father's Birthplace, *Schwarz. N. Prussia, Germany*

Name of Medical Attendant, or other person who
makes this Return.

Mary E. Hüller

Address, *N. Ballo St. No. 114*

Remarks,

RETURN OF A BIRTH 91101

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 22d
1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race)
3. Date of Birth, January 11, 1891
4. Place of Birth, (Street and Number) Baltimore, 2438
5. Full Name of Mother, Theresa K. Gutschall
6. Mother's Maiden Name, Gutschall
7. Mother's Birthplace, Baltimore
8. Full Name of Father, August Krause
9. Father's Occupation, Carpenter
10. Father's Birthplace, Baltimore
- Name of Medical Attendant, or other Person who makes this Return, Elizabeth Kulkarn
- Address, 1514
- Remarks,

RETURN OF A BIRTH.

91108

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race)

3. Date of Birth

4. Place of Birth (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

(First) Female
White
Jan 4th 1887



820 Euclid Street
Emily M. Wilson
" Todd

Albert Co Ltd
Emory J. Wilson
Shoe Cutter
Baltimore

James Whitcomb Ltd
819 Arguing Street
Baltimore

RETURN OF A BIRTH 91109.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2nd

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

3. Date of Birth

Jan 4th 1887

4. Place of Birth, (Street and Number)

156 Pearl St

5. Full Name of Mother

Julia Florence Perie

6. Mother's Maiden Name

Burkhead

7. Mother's Birthplace

Baltimore

8. Full Name of Father

William Perie

9. Father's Occupation

Veterinary Surgeon

10. Father's Birthplace

Baltimore

Name of Medical Attendant, or other Person who makes this Return

Geo. B. Reynolds

Address, 1512 Calvert

Remarks,



RETURN OF A BIRTH 91110

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

● Sex (state whether male or female),

2. Race or Color (if not of the white race),

3. Date of Birth,

4. Place of Birth (Street and Number),

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

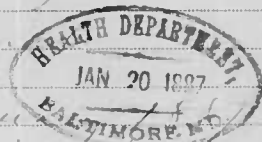
9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks,



if such children, to be recovered as before, from all certificates are recoverable.

RETURN OF A BIRTH 91111.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether male or female),

2. Race or Color (if not of the white race),

3. Date of Birth,

4. Place of Birth (Street and Number),

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks,

RETURN OF A BIRTH ⁹¹¹¹²

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

5-

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

Colored

3. Date of Birth,

Jan. 5th 1887

4. Place of Birth, (Street and Number)

No 1 Spring Garden St

5. Full Name of Mother,

Faywilla Suggleton

6. Mother's Maiden Name,

Faywilla Maddox

7. Mother's Birthplace,

Baltimore City

8. Full Name of Father,

JAMES SUGGLETON

9. Father's Occupation,

Carriage Maker

10. Father's Birthplace,

Richmond Va

Name of Medical Attendant, or other Person who makes this Return.

Wm. J. Cross

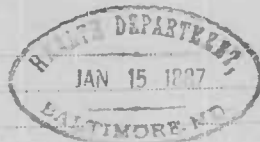
Address,

181 York St.

Remarks,

RETURN OF A BIRTH 91113.

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



of Child of Mother. (state whether 1st, 2d, 3d, &c.) 8"

Sex, (state whether male or female) Female

Race or Color, (if not of the white race) Colored

Date of Birth, January 5th 1887

Place of Birth, (Street and Number) 112 Rose walk Alley

Full Name of Mother, Laura Proctor

Mother's Maiden Name, Laura Jones

Mother's Birthplace, Harford Co. Md.

Full Name of Father, James Walter Proctor

Father's Occupation, Hod Carrier

Father's Birthplace, Montgomery Co. Md.

Name of Medical Attendant, or other person who makes this Return Caroline Moore

Address, 58 West St.

Remarks.

RETURN OF A BIRTH 91114.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st*

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *March 18 1887*

4. Place of Birth, (Street and Number) *Harriet St. La. St. 1887*

5. Full Name of Mother, *Anna Flynn*

6. Mother's Maiden Name, *Anna Mc La*

7. Mother's Birthplace, *Ireland*

8. Full Name of Father, *Patrick Flynn*

9. Father's Occupation, *Labourer*

10. Father's Birthplace, *Ireland*

Name of Medical Attendant, or other Person who makes this Return, *Mrs. Sted*

Address, *No. 619 Center St*

Remarks, *Baltimore*

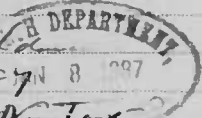
RETURN OF A BIRTH ^{9/1/15}

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2^d
- Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, January 5th 1887
4. Place of Birth, (Street and Number) 1915 Lorman
5. Full Name of Mother, Mary Lysle
6. Mother's Maiden Name, Stewart
7. Mother's Birthplace, Westchester Pa.
8. Full Name of Father, Frank B. Lysle
9. Father's Occupation, Salesman
10. Father's Birthplace, Chester Co. Pa.
- Name of Medical Attendant, or other Person who makes this Return. J. H. Christian M.D.
- Address, 1521 Madison Ave.
- Remarks,

RETURN OF A BIRTH 91116.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *January 5 1887*
- Sex, (state whether male or female) *male child*
2. Race or Color, (if not of the white race) *Colored child*
3. Date of Birth, *January 5 1887* 
4. Place of Birth, (Street and Number) *Chestnut Street No 308*
5. Full Name of Mother, *Julia A. Young*
6. Mother's Maiden Name, *Julia A. Levi*
7. Mother's Birthplace, *Born in Baltimore md*
8. Full Name of Father, *Jacob J. G. Young*
9. Father's Occupation, *Waiter*
10. Father's Birthplace, *Born in Baltimore md*
- Name of Medical Attendant, or other Person who makes this Return. *Darkie Tomlin*
- Address, *Chestnut Street No 308*
- Remarks, *Chestnut Street No 308*

RETURN OF A BIRTH 91117

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

First.
Female

Sex, (state whether male or female)

2. Race or Color, (if not of the white race).

White

3. Date of Birth.

January 5th 1887

4. Place of Birth, (Street and Number)

No. 1152 1/2 Nicholson St

5. Full Name of Mother.

Elizabeth Sewey

6. Mother's Maiden Name,

Elizabeth Leubentzen

7. Mother's Birthplace,

Baltimore Md

8. Full Name of Father,

John D Sewey

9. Father's Occupation,

Saloon Keeper

10. Father's Birthplace,

Baltimore Md

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether male or female),

2. Race or Color (if not of the white race),

3. Date of Birth,

4. Place of Birth (Street and Number),

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks,

RETURN OF A BIRTH

91119.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

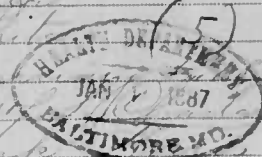
9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,



RETURN OF A BIRTH ⁹¹¹²⁰

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *3d*
- Sex, (state whether male or female) *Male*
2. Race or Color, (if not of the white race) *Colored*
3. Date of Birth, *January - the 5th 1881*
4. Place of Birth, (Street and Number) *42 Baltimore St. Baltimore*
5. Full Name of Mother, *Call Terry*
6. Mother's Maiden Name, *Call Green*
7. Mother's Birthplace, *St. Mary's County*
8. Full Name of Father, *John Terry*
9. Father's Occupation, *Shoe maker*
10. Father's Birthplace, *Baltimore City*
- Name of Medical Attendant, or other Person who makes this Return, *Dorah Duell*
- Address, *77 Jasper St Baltimore*
- Remarks,

RETURN OF A BIRTH.

91122

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether Male or Female).

2. Race or Color (if not of the white race)

3. Date of Birth

4. Place of Birth (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

Thirt —
Female
White
Jan 15 1877
1715 Division St
Cecilia
Cecilia
Baltimore
Wm H. Brown
Superior
Baltimore City
Brown & Co. Jr M &
Baltimore City
City

RETURN OF A BIRTH

91123.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

6d

Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

3. Date of Birth

Jan 6th 1884

4. Place of Birth, (Street and Number)

219 South Chester St

5. Full Name of Mother

Annie D. Touchton

6. Mother's Maiden Name,

" " Ely

7. Mother's Birthplace,

Maryland, Stafford Co

8. Full Name of Father

Alfred M. Touchton

9. Father's Occupation,

Supt Ice Co

10. Father's Birthplace,

Stafford Co Md

Name of Medical Attendant, or other Person who makes this Return

Geo B Reynolds

Address,

Mr M. Calvert St Baltimore

Remarks,

RETURN OF A BIRTH

91124.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother; (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color. (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,

4d
White
January 29, 1881
29 Salisbury St.
Vollia J. Lamb
" J. Brownell
Bridgeton, N.J.
Wm. H. Lamb
Mariner
Mary
Margaret Dockery
378 Hammond St.
Baltimore

RETURN OF A BIRTH 91125

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 15
1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, Jan 6th 1897
4. Place of Birth, (Street and Number) Lexington, Ky
5. Full Name of Mother, Mary E. Chambers
6. Mother's Maiden Name, Mary E. Crandon
7. Mother's Birthplace, Culpeper Co. Va.
8. Full Name of Father, Jacob Green Bay
9. Father's Occupation, Laborer
10. Father's Birthplace, Culpeper County, Va.
- Name of Medical Attendant, or other Person who makes this Return, Margaret Wilson
- Address, 514 E. Howard St.
- Remarks,



RETURN OF A BIRTH

91126.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Boy

2. Race or Color, (if not of the white race) White

3. Date of Birth, Jan 6 1899

4. Place of Birth, (Street and Number) 99 Sharp St.

5. Full Name of Mother, Annie Palmer

6. Mother's Maiden Name, Annie Shelly

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Francis Palmer

9. Father's Occupation, Shoemaker

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return.

Address, 99 Sharp St.

Remarks,

RETURN OF A BIRTH 9/127

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2nd Child

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Jan. 6th /87

4. Place of Birth, (Street and Number)

No 1337 W. Baltimore st

5. Full Name of Mother,

Rachel Baer

6. Mother's Maiden Name,

Rachel Cukheim

7. Mother's Birthplace,

Russia

8. Full Name of Father,

Simon Baer

9. Father's Occupation,

Dry goods Store

10. Father's Birthplace,

Russia

Name of Medical Attendant,

or other Person who makes this Return.

Mrs. Darrlee

Address,

60 N. Charles St.

Remarks,

RETURN OF A BIRTH ^{9/12/8}

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) Colored

3. Date of Birth, 6 of Jan 1887

4. Place of Birth, (Street and Number) 800 Spring St

5. Full Name of Mother, Fannie Brooks

6. Mother's Maiden Name, Fannie Hanson

7. Mother's Birthplace, Balo

8. Full Name of Father, William Brooks

9. Father's Occupation, Labor

10. Father's Birthplace, Balo

Name of Medical Attendant, or other Person who makes this Return. Harriet Jackson

Address, 14 Bayglash St

Remarks,

RETURN OF A BIRTH

91129

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether male or female),

2. Race or Color (if not of the white race),

3. Date of Birth,

4. Place of Birth (Street and Number),

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks,

RETURN OF A BIRTH

91130

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2^d Child*

1. Sex (state whether male ~~or~~ female),

2. Race or Color (if not of the white race), *White*

3. Date of Birth, *January 4th 1887*

4. Place of Birth (Street and Number), *Low St. No 1121*

5. Full Name of Mother, *Henriette Urban*

6. Mother's Maiden Name, *Henriette Schreiber*

7. Mother's Birthplace, *Balt^e City*

8. Full Name of Father, *Martin Urban*

9. Father's Occupation, *Cabinet maker*

10. Father's Birthplace, *Balt^e City*

Name of Medical Attendant, or other person who makes this Return.

Mary E. Miller

Address, *N. Dallas St. No 114*

Remarks,



RETURN OF A BIRTH

9/1/31

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

First Child

1. Sex, (state whether male or female)

Little

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

6 of January 1887

4. Place of Birth, (Street and Number)

12105 Payson St

5. Full Name of Mother,

Mrs. Miller

6. Mother's Maiden Name,

Miss Clephain

7. Mother's Birthplace,

Born Baltimore

8. Full Name of Father,

Mr. Miller

9. Father's Occupation,

Butcher

10. Father's Birthplace,

Born Baltimore county

Name of Medical Attendant, or other Person who makes this Return.

Mr. Miller

Address,

12105 Payson St

Remarks,

RETURN OF A BIRTH

91132

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2nd

1. Sex (state whether male or female),

Female

2. Race or Color (if not of the white race),

White

3. Date of Birth,

January 6th 1887

4. Place of Birth (Street and Number),

701 Trinson St

5. Full Name of Mother,

Mrs Mary Ann Murphy

6. Mother's Maiden Name,

Miss Mary Ann Callinan

7. Mother's Birthplace,

Baltimore City

8. Full Name of Father,

Mr James Patrick Murphy

9. Father's Occupation,

Bridge Tender, N. & N. R.

10. Father's Birthplace,

Baltimore City

Name of Medical Attendant, or other person who makes this Return.

Miss Mary

Address,

611 Fulton Park Ave

Remarks,

RETURN OF A BIRTH 91133

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 Child
1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Jan 6 1887
4. Place of Birth, (Street and Number) 263 North E. Street
5. Full Name of Mother, Rachel Lifschitch
6. Mother's Maiden Name, Rachel Simon
7. Mother's Birthplace, Russia
8. Full Name of Father, Jacob Lifschitch
9. Father's Occupation, Storekeeper
10. Father's Birthplace, Russia
- Name of Medical Attendant, or other Person who makes this Return, E. Scherman
- Address, Albemarle St. N 103.
- Remarks,

RETURN OF A BIRTH. 91134,

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	fourth
Sex, (state whether male or female)	male
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	Jan 6 th 1884
4. Place of Birth, (Street and Number)	23 Perry Street
5. Full Name of Mother,	Mary Levin
6. Mother's Maiden Name,	Eppstein
7. Mother's Birthplace,	Russia
8. Full Name of Father,	David I Levin
9. Father's Occupation,	Merchant
10. Father's Birthplace,	Russia
Name of Medical Attendant, <small>or other Person who makes this Return.</small>	Dr. Friedewald
Address,	88 N. Eutan Street
Remarks,	

RETURN OF A BIRTH 9/11/35

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st.

1. Sex, (state whether male or female) male

2. Race or Color, (if not of the white race) white

3. Date of Birth, Jan. 6th 1887

4. Place of Birth, (Street and Number) 105 Broad St.

5. Full Name of Mother, Esther Mirois

6. Mother's Maiden Name,

7. Mother's Birthplace, Europe

8. Full Name of Father, Samuel Mirois

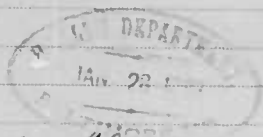
9. Father's Occupation, Pedler

10. Father's Birthplace, Europe

Name of Medical Attendant, or other Person who makes this Return.

Address, 122 S. Euter st.

Remarks,



RETURN OF A BIRTH ⁹¹¹³⁶

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st
1. Sex, (state whether male or female) been a boy
2. Race or Color, (if not of the white race) W
3. Date of Birth Jan 5th '87
4. Place of Birth, (Street and Number) 91 North St.
5. Full Name of Mother, Mary Glynn
6. Mother's Maiden Name, Mary Smith
7. Mother's Birthplace, St. John's City
8. Full Name of Father, William Glynn
9. Father's Occupation, Shoemaker
10. Father's Birthplace, Ireland
- Name of Medical Attendant, or other Person who makes this Return, John R. Hammond M.D.
- Address, 512 Col. & Read St.
- Remarks,

RETURN OF A BIRTH

91137

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) female

2. Race or Color, (if not of the white race) White

3. Date of Birth, 2th

4. Place of Birth, (Street and Number) 127 St Aubert St Baltimore

5. Full Name of Mother, Brigitte Anna Ferguson

6. Mother's Maiden Name, Brigitte Anna

7. Mother's Birthplace, Ireland

8. Full Name of Father, William Ferguson

9. Father's Occupation, Laborer

10. Father's Birthplace, Ireland

Name of Medical Attendant, or other Person who makes the Return.

Address,

Remarks,

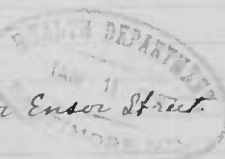


RETURN OF A BIRTH

91138

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *4th child*
Sex, (state whether male or female) *male*
Race or Color, (if not of the white race) *pure white*
Date of Birth, *Jan 6th*
Place of Birth, (Street and Number) *1001 North Ave Cor Ensor Street.*
Full Name of Mother, *Nellie Simmons*
Mother's Maiden Name, *Nellie Spearman*
Mother's Birthplace, *Baltimore City*
Full Name of Father, *John Thomas Simmons*
Father's Occupation, *Carpenter*
Father's Birthplace, *Baltimore City*
Name of Medical Attendant, *Mrs Sarah Wooden*
or other Person who makes this Return
Address, *936 Ave 120 Greenmount Ave*
Remarks, *Sound and perfect in every respect*



RETURN OF A BIRTH 91139

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Second*

1. Sex, (state whether male or female) *Female*

2. Race or Color, (if not of the white race) *Colored*

3. Date of Birth,

January 7th 1887

4. Place of Birth, (Street and Number)

33 Sharp St. Al.

5. Full Name of Mother,

Alice Dickson

6. Mother's Maiden Name,

West

7. Mother's Birthplace,

Baltimore City

8. Full Name of Father,

Alfred ~~West~~ Dickson

9. Father's Occupation,

Porter

10. Father's Birthplace,

Baltimore

Name of Medical Attendant,

or other Person who makes this Return.

Amelia Johnson

Address,

125 E. Hamilton St.

Remarks,



RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (~~state whether 1st, 2d, 3d, &c.~~)

1. Sex, (~~state whether male or female~~)

2. Race or Color, (~~if not of the white race~~)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,



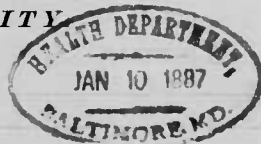
Lang 1st 849
10 28 1907
Mary E. Friess
Mary E. Meyer
Baltimore City, Md.
Ernest J. Friess
Divid.
Hamburg, Germany
Wm. J. R. Kozak, M.D.
10 662 Washington St.

RETURN OF A BIRTH.

91141

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY



No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2^d

1. Sex (state whether Male or Female) Female

2. Race or Color (if not of the white race) Negro

3. Date of Birth Jan. 7th 1887

4. Place of Birth (Street and Number) 560 Oxford St.

5. Full Name of Mother Nettie Murdock

6. Mother's Maiden Name " Brown

7. Mother's Birthplace Balto. City

8. Full Name of Father Robert Murdock

9. Father's Occupation Laborer

10. Father's Birthplace A. A. C. Md.

Name of Medical Attendant, or other Person who makes this Return. J. B. Gardner

Address 424 N. Greene St.

Remarks

RETURN OF A BIRTH 91142

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex (state whether male or female), Male

2. Race or Color (if not of the white race), White

3. Date of Birth,

4. Place of Birth (Street and Number),

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks,

January the 7th 1914
No 1457 Chas. St.
Mary A. Baker
Mary A. Baker
Baltimore
James Baker
Cigar maker
Baltimore
Mrs. Burns

10600 Chas. St. near Balan. Ave

RETURN OF A BIRTH ⁹¹¹⁴³

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *7. H.*

Sex, (state whether male or female) *female*

2. Race or Color, (if not of the white race) *Colored.*

3. Date of Birth, ** 1 Jan. 74 1887*

4. Place of Birth, (Street and Number) *922 Madison alle*

5. Full Name of Mother, *Marria Hutchinson*

6. Mother's Maiden Name, *Wilkins*

7. Mother's Birthplace, *Eastern Shore*

8. Full Name of Father, *Joshua Hutchinson*

9. Father's Occupation, *Labourer.*

10. Father's Birthplace, *Eastern Shore*

Name of Medical Attendant, or other Person who makes this Return *Frances Anderson*

Address,

Remarks,

To a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH,

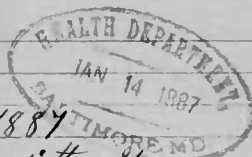
911144

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2
1. Sex (state whether male or female) Male
2. Race or Color, (if not of the white race) Colored
3. Date of Birth Jan 7 1887
4. Place of Birth, (Street and Number) 824 Henrietta St
5. Full Name of Mother Lurnia Holly Skinner
6. Mother's Maiden Name
7. Mother's Birthplace N Carolina
8. Full Name of Father Miller Skinner
9. Father's Occupation Crownman
10. Father's Birthplace N Carolina
- Name of Medical Attendant, or other Person who makes this return. Letty Valentine
- Address 185 Henrietta St
- Remarks

Baltimore Md.



RETURN OF A BIRTH

91145

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th
- Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Jan 1st
4. Place of Birth, (Street and Number) 659 Lee St
5. Full Name of Mother, Lizzie Guenther
6. Mother's Maiden Name, "
7. Mother's Birthplace, Balto City
8. Full Name of Father, Julius Guenther
9. Father's Occupation, Tailor
10. Father's Birthplace, Germany
- Name of Medical Attendant, or other Person who makes this Return, W. B. Borden
- Address, W. B. Borden
- Remarks, _____



RETURN OF A BIRTH.

911116

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th

1. Sex (state whether male or female) Male

2. Race or Color (if not of the white race) White

3. Date of Birth Jan 4th 1887

4. Place of Birth (Street and Number) 9th St. Street 1217

5. Full Name of Mother Maria Hoffman

6. Mother's Maiden Name Kuhn

7. Mother's Birthplace Manchester Pa

8. Full Name of Father Josiah Hoffman

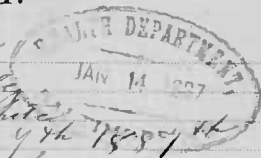
9. Father's Occupation Bricklayer

10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mrs. G. W. Bush

Address 104 Tilton Avenue

Remarks Healthy



RETURN OF A BIRTH 91147.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

3

1. Sex, (state whether male or female)

Girl

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Jan 7/87

4. Place of Birth, (Street and Number)

53 York St.

5. Full Name of Mother,

Arnie Cousers

6. Mother's Maiden Name

Arnie ~~Cousers~~ Volker

7. Mother's Birthplace,

Russia

8. Full Name of Father,

Maris Cousers

9. Father's Occupation,

Lounge Manufacturing

10. Father's Birthplace,

Russia.

Name of Medical Attendant,

or other Person who
makes this Return.

Mrs. P. Goldsmith

Address,

87 Sharp St.

Remarks,



RETURN OF A BIRTH 91148.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2
1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Jan 9 / 87 JAN 13 1887
4. Place of Birth, (Street and Number) 73 So. Mount St.
5. Full Name of Mother, Florence Emma
6. Mother's Maiden Name, Florence Wallace
7. Mother's Birthplace, Bucks, Md
8. Full Name of Father, George Emory
9. Father's Occupation, Police
10. Father's Birthplace, Bucks, Md
- Name of Medical Attendant, or other Person who makes this Return, H. H. H. H. H.
- Address, 73 So. Mount St.
- Remarks,

RETURN OF A BIRTH. ^{91149.}

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

4th

Sex, (state whether male or female)

White

2. Race or Color, (if not of the white race)

White

3. Date of Birth

1st Jan 1887

4. Place of Birth, (Street and Number)

do 413

5. Full Name of Mother,

Cherie Hegel

6. Mother's Maiden Name,

Schmidt

7. Mother's Birthplace,

Germanien

8. Full Name of Father,

Fanny Hegel

9. Father's Occupation,

Stock

10. Father's Birthplace,

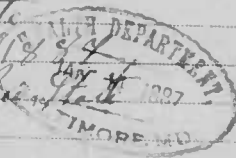
Germanien

Name of Medical Attendant, or other Person who makes this Return.

Address,

Charlotte St do 1622 Caroline Hwy

Remarks,



RETURN OF A BIRTH

91150

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

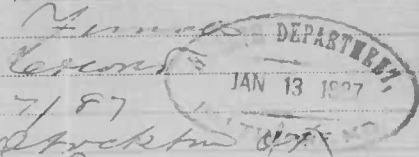
9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,



RETURN OF A BIRTH.

91151

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY,

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race)

3. Date of Birth

4. Place of Birth (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

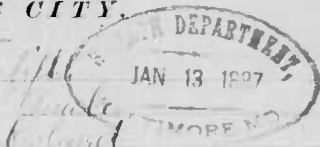
9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this return

Address

Remarks



Jan 13 1897
111 S Howard.

Rachel J. [unclear]
Rachel A. [unclear]

Anna Grace [unclear] Co.

Anna Grace [unclear] Co.

Charles B. [unclear]
308 S. [unclear] St. [unclear]

RETURN OF A BIRTH 91152.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2

1. Sex, (state whether male or female).

Boy

2. Race or Color, (if not of the white race).

White

3. Date of Birth,

Jan 17/87

4. Place of Birth, (Street and Number).

67 Camden

5. Full Name of Mother,

Celia Sherman

6. Mother's Maiden Name,

Celia Goldsmith

7. Mother's Birthplace,

Russia

8. Full Name of Father,

Chas Sherman

9. Father's Occupation,

China Store

10. Father's Birthplace,

Russia

Name of Medical Attendant, or other Person who makes this Return.

Miss R Goldsmith

Address,

87 Sharp St

Remarks,

RETURN OF A BIRTH

91153

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *First child*
1. Sex, (state whether male or female) *Female*
2. Race or Color, (if not of the white race) *white*
3. Date of Birth. *Jan. 7th 1887*
4. Place of Birth, (Street and Number) *452 E. Hoffman St.*
5. Full Name of Mother. *Kate Daly*
6. Mother's Maiden Name. *Conner*
7. Mother's Birthplace. *Baltimore*
8. Full Name of Father. *John Daly*
9. Father's Occupation. *Solomon*
10. Father's Birthplace. *Philadelphia*
Name of Medical Attendant, or other Person who makes the return. *Rev. Mansfield M.D.*
Address. *129 S. Broadway*
Remarks.

RETURN OF A BIRTH 91184

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st 7th 1447



1. Sex (state whether male or female),

2. Race or Color (if not of the white race),

3. Date of Birth,

4. Place of Birth (Street and Number),

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks,

14 Mary 1886
135 Montgomery

Lydian Neper

" Baker

Balt

Charles Neper

Merchant

Balt

Mrs W. Webster

100 Baltimore

RETURN OF A BIRTH 91158

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) Colored

3. Date of Birth, Dec 7th 1887

4. Place of Birth, (Street and Number) 819 Henrietta

5. Full Name of Mother, Georgianna Turner

6. Mother's Maiden Name, Lee Reile

7. Mother's Birthplace, Baltimore Md

8. Full Name of Father, George William

9. Father's Occupation, Oyster Shucker

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return, Angie Wilson

Address, 317 N. Howard St

Remarks,



For each offense to be recovered as above fines and forfeitures are recoverable.

RETURN OF A BIRTH ^{9/15/56}

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *second Child*

Sex, (state whether male or female) *a Male*

2. Race or Color, (if not of the white race) *White race*

3. Date of Birth, *the 9th day of January 1887*

4. Place of Birth, (Street and Number) *310 Marion St.*

5. Full Name of Mother, *Margareth Handley,*

6. Mother's Maiden Name, *Margareth Wmuth,*

7. Mother's Birthplace, *Baltimore City.*

8. Full Name of Father, *Amos E. Handley, Jr.*

9. Father's Occupation, *Machinist B. and O.*

10. Father's Birthplace, *Baltimore City.*

Name of Medical Attendant, *Surgeon Hunter*
or other Person who makes this Return.

Address, *21223 N. Paynelton St.*

Remarks,

For each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *1st*

1. Sex (state whether Male or Female)

Male

2. Race or Color (if not of the white race)

White

3. Date of Birth

January 7th, 1887.

4. Place of Birth (Street and Number)

1321 Garrett Ave.

5. Full Name of Mother

Christina Rheinhardt

6. Mother's Maiden Name

Burmeister

7. Mother's Birthplace

Baltimore Md

8. Full Name of Father

Eustace Rheinhardt

9. Father's Occupation

Stone dealer

10. Father's Birthplace

Rotterdam, Prussia

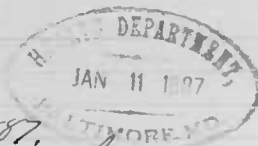
Name of Medical Attendant, or other Person who
make this Return.

J. J. Sullivan, M.D.

Address

11730 Chance St.

Remarks



RETURN OF A BIRTH 91158

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *The 2 Child*
1. Sex, (state whether male or female) *Male*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *The 5 of January 1887*
4. Place of Birth, (Street and Number) *No 1059 Central Ave*
5. Full Name of Mother, *Kate Galtie*
6. Mother's Maiden Name, *Kate Mueller*
7. Mother's Birthplace, *Baltimore*
8. Full Name of Father, *Thomas Galtie*
9. Father's Occupation, *Painter*
10. Father's Birthplace, *Polish*
- Name of Medical Attendant, or other Person who makes this Return. *Mrs Ch. L. Linn*
- Address, *No 1059 Harford St*
- Remarks, *Baltimore Md*
- 1887*

RETURN OF A BIRTH 91159

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)..... 1 And 2^d
1. Sex, (state whether male or female)..... *Twins male and female*
2. Race or Color, (if not of the white race)..... *Colored*
3. Date of Birth,..... *Jan 8 1958*
4. Place of Birth, (Street and Number)..... *#16 W. Monument St*
5. Full Name of Mother,..... *Eliaz H. HARRIS*
6. Mother's Maiden Name,.....
7. Mother's Birthplace,..... *Calvert County and*
8. Full Name of Father,..... *Robert Harris*
9. Father's Occupation,.....
10. Father's Birthplace,..... *Hunt County and*
- Name of Medical Attendant, or other Person who makes this Return..... *Hester Adams*
- Address,..... *#34 W. Monument St*
- Remarks,.....



RETURN OF A BIRTH 91160

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *6th Child*

1. Sex, (state whether male or female) *Girl*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *8th of January 1887*

4. Place of Birth, (Street and Number) *No. 1513 Milliman Street*

5. Full Name of Mother, *Barbra Filler*

6. Mother's Maiden Name, *Barbra Mill*

7. Mother's Birthplace, *Baltimore*

8. Full Name of Father, *Peter Mill*

9. Father's Occupation, *Broom maker*

10. Father's Birthplace, *Baltimore*

Name of Medical Attendant, or other Person who makes this Return. *Crescentia Kunkel*

Address, *213 North Chapel Street per Justina Kunkel*

Remarks, *Kid 7 months Delicet*

RETURN OF A BIRTH 91161

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd and 3rd Twin.

1. Sex (state whether male or female), male

2. Race or Color (if not of the white race), white

3. Date of Birth, 8 January

4. Place of Birth (Street and Number), No. 1922 East Poplar St.

5. Full Name of Mother, Eva Kathrine Hjeller

6. Mother's Maiden Name, Eva Kathrine Hjeller

7. Mother's Birthplace, Germany

8. Full Name of Father, John Dolly

9. Father's Occupation, Foreman

10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return. Mrs. Anna

Address, 1400 Chestnut St near Baltimore

Remarks,

RETURN OF A BIRTH 91162

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

Name - Stanislaus Norfleet Mercer 3d

Son of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Sex, (state whether male or female)

Male

Race or Color, (if not of the white race)

White

Date of Birth,

Jan 8/87

Place of Birth, (Street and Number)

1141 E. Lammale

Full Name of Mother,

Katherine J. M. Mercer

Mother's Maiden Name,

" " Boothe

Mother's Birthplace,

Md.

Full Name of Father,

Joe P. Mercer

Father's Occupation,

Silver plater

Father's Birthplace,

Virginia

Name of Medical Attendant, or other Person who makes this Return

Irving Miller M.D.

Address,

1207 E. Monument St

Remarks,

RETURN OF A BIRTH 91163

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Sex, (state whether male or female)

Race or Color, (if not of the white race)

Date of Birth,

Place of Birth, (Street and Number)

Full Name of Mother,

Mother's Maiden Name,

Mother's Birthplace,

Full Name of Father,

Father's Occupation,

Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,

Sixth and seventh
both female

white race

Saturday 5th January

South Baltimore

Mary McFarland

Mary McFarland

Ireland

Michael McFarland

Street Car driver

Ireland

Wid's Anna Thacker

South Baltimore

RETURN OF A BIRTH 91164

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1 ☒ Male, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

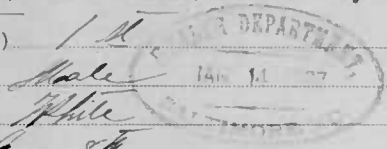
9. Father's Occupation,

10 ☒ Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,



1st
Male
White
Jan 8th
644 Portland St
Frederike Schramm
Grill
Balt. City
William J. Schramm
Baker
Balt. City
C. A. Buddenbom
610 S. Paca St

RETURN OF A BIRTH 9/1/68

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *3d*
1. Sex, (state whether male or female) *Male*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *Jan 29 1897*
4. Place of Birth, (Street and Number) *1112 S. Charles St.*
5. Full Name of Mother, *Morris Greenberg*
6. Mother's Maiden Name, *" Natanson*
7. Mother's Birthplace, *Baltimore*
8. Full Name of Father, *Anthony Greenberg*
9. Father's Occupation, *Cashier*
10. Father's Birthplace, *Russia*
- Name of Medical Attendant, or other Person who makes this Return, *Thos. W. Key M.D.*
- Address, *578 Hammond St.*
- Remarks, _____

RETURN OF A BIRTH

91166

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2nd

Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth

8th Jan 1897

4. Place of Birth, (Street and Number)

Charles Street

5. Full Name of Mother,

Ellegge Ellegna

6. Mother's Maiden Name,

Triggen

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Robert Allen

9. Father's Occupation,

Bookbinder

10. Father's Birthplace,

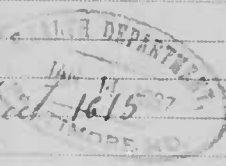
Baltimore

Name of Medical Attendant, or other Person who makes this Return.

Address,

Elisabeth Ellegna No 1622 Caroline Schreyer

Remarks,



RETURN OF A BIRTH 9/1/67

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

September 1st 1867

4. Place of Birth, (Street and Number)

Baltimore City

5. Full Name of Mother,

Emeline Lutcher

6. Mother's Maiden Name,

Shields

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

George Lutcher

9. Father's Occupation,

Labourer

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return

Elizabeth Hutton

Address,

414 St. Charles

Remarks,

RETURN OF A BIRTH 91168

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *99* *Bolton Jan 10th 1887*

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *Bolton Jan 8th 1887*

4. Place of Birth, (Street and Number) *2428 Alice*

5. Full Name of Mother, *Lizzie Herschmann*

6. Mother's Maiden Name, *Lizzie Geis*

7. Mother's Birthplace, *America*

8. Full Name of Father, *George Fleischmann*

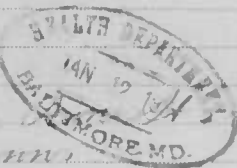
9. Father's Occupation, *Laborer*

10. Father's Birthplace, *America*

Name of Medical Attendant, or other Person who makes this Return, *Mrs Mary Amend*

Address, *416 South Wolfe St.*

Remarks, *CT*



RETURN OF A BIRTH 9/169

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1 (1st)
1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Female
3. Date of Birth, Jan 8, 1882
4. Place of Birth, (Street and Number) 2111 Harrison St. MD.
5. Full Name of Mother, Rebecca Kyeey
6. Mother's Maiden Name, Rebecca Herman
7. Mother's Birthplace, Russia
8. Full Name of Father, Morris Kyeey
9. Father's Occupation, Shoemaker
10. Father's Birthplace, Russia
- Name of Medical Attendant, or other Person who makes this Return, E. Scheranan
- Address, Alcomarle st. no 123.
- Remarks,

RETURN OF A BIRTH 91170

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether male or female),

2. Race or Color (if not of the white race),

3. Date of Birth,

4. Place of Birth (Street and Number),

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

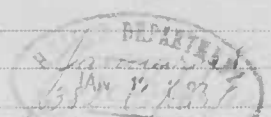
9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks,



RETURN OF A BIRTH 91171

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

Caucasian

3. Date of Birth,

Jan 13 1897

4. Place of Birth, (Street and Number)

525

Park Ave

5. Full Name of Mother,

Gertrude Briggs

6. Mother's Maiden Name,

Gertrude Briggs

7. Mother's Birthplace,

England

8. Full Name of Father,

John Briggs

9. Father's Occupation,

Engineer

10. Father's Birthplace,

England

Name of Medical Attendant, or other Person who makes this Return.

James M. [illegible]

Address,

16 [illegible]

Remarks,

RETURN OF A BIRTH 91172

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st Child*

1. Sex (state whether male or female),

2. Race or Color (if not of the white race), *White*

3. Date of Birth, *January the 8, 1887*

4. Place of Birth (Street and Number), *Wolf St. N° 245*

5. Full Name of Mother, *Margaretha Berggöts*

6. Mother's Maiden Name, *Margaretha Haberland*

7. Mother's Birthplace, *Elbersreuth, V. Bayern, Germany*

8. Full Name of Father, *Friedrich Berggöts*

9. Father's Occupation, *Carpenter*

10. Father's Birthplace, *Aue, Gr. Baden, Germany*

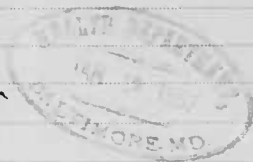
Name of Medical Attendant,

or other person who makes this Return.

Harry E. Müller

Address, *N. Dallas St. N° 114*

Remarks,



RETURN OF A BIRTH 91173

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, 9th January

4. Place of Birth, (Street and Number) 2407 Canton

5. Full Name of Mother, Maria Taylor

6. Mother's Maiden Name, == Harvenc

7. Mother's Birthplace, Balt

8. Full Name of Father, William Taylor

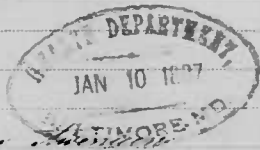
9. Father's Occupation, Butcher packer.

10. Father's Birthplace, Canada

Name of Medical Attendant, or other Person who makes this return Mrs. E. Weiss.

Address, 424 Lancaster St. (Canton)

Remarks, Good & pains after birth.



RETURN OF A BIRTH. 91174

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female)

female

2. Race or Color, (if not of the white race)

3. Date of Birth

Jan 9, 1887

4. Place of Birth, (Street and Number)

905 N. Dallas St.

5. Full Name of Mother,

Eliza Schleich

6. Mother's Maiden Name,

Schulze

7. Mother's Birthplace,

Balto. Md.

8. Full Name of Father,

William Schleich

9. Father's Occupation,

Taylor

10. Father's Birthplace,

Balto. Md.

Name of Medical Attendant, or other Person who makes this Return.

Caroline Miller

Address,

#5 Walker St. Balto. Md.

Remarks,



RETURN OF A BIRTH 91175

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2nd JAN 10 1887

1. Sex (state whether male or female),

Female

2. Race or Color (if nat of the white race),

White

3. Date of Birth,

January 9th. 1887.

4. Place of Birth (Street and Number),

517 S. Ann St.

5. Full Name of Mother,

Georgiana Kolbe

6. Mother's Maiden Name,

Georgiana Jubb

7. Mother's Birthplace,

Balti. Co. Ind.

8. Full Name of Father,

John H. Kolbe

9. Father's Occupation,

Painter

10. Father's Birthplace,

Baltimore Md.

Name of Medical Attendant, or other person who makes this Return.

M. D. Washell, M.D.

Address,

700 S. Broadway


Remarks,

for each office, to be recovered as other files and figures are recoverable.

Missing 91176-91196, incl.

RETURN OF A BIRTH 91197

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *First*
1. Sex, (state whether male or female) *Male*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *December 1st 1888* 
4. Place of Birth, (Street and Number) *1522 E Monument St*
5. Full Name of Mother, *Alice A Leonard*
6. Mother's Maiden Name, *McElone*
7. Mother's Birthplace, *Baltimore*
8. Full Name of Father, *John A Leonard*
9. Father's Occupation, *Boat finisher*
10. Father's Birthplace, *Baltimore*
- Name of Medical Attendant, or other Person who makes this return. *Dr. Edgar M. D.*
- Address, *Dr. Caroline S. Gay, M.D.*
- Remarks,

RETURN OF A BIRTH 91198

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Dec 3rd 1886

4. Place of Birth, (Street and Number)

702 Hanbury St

5. Full Name of Mother,

Larmia McIntire

6. Mother's Maiden Name,

Hayan

7. Mother's Birthplace,

City

8. Full Name of Father,

M.C. McIntire

9. Father's Occupation,

Brickman

10. Father's Birthplace,

City

Name of Medical Attendant, or other Person who makes this Return.

Dr D. D. Blair

Address,

Cor 2 S Paca St

Remarks,

RETURN OF A BIRTH.

91199

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race) white.

3. Date of Birth Dec 4 1886

4. Place of Birth (Street and Number) Market Place

5. Full Name of Mother Anna Hodge

6. Mother's Maiden Name Anna Keller

7. Mother's Birthplace Baltimore City

8. Full Name of Father John Hodge

9. Father's Occupation Plaining mill operation

10. Father's Birthplace Baltimore City

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

J A Shultz M D
209 Higginth H

RETURN OF A BIRTH *9/200*

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st*
1. Sex, (state whether male or female) *Male*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *Dec 6/86*
4. Place of Birth, (Street and Number) *1715 W. Lombard St.*
5. Full Name of Mother, *Belle H. Caldwell*
6. Mother's Maiden Name, *Embrick*
7. Mother's Birthplace, *Penn*
8. Full Name of Father, *Mr. J. Caldwell*
9. Father's Occupation, *Foreman*
10. Father's Birthplace, *Penn*
- Name of Medical Attendant, or other Person who makes this Return, *Dr. J. B. Blake*
- Address, *603 S. Paca St.*
- Remarks,

RETURN OF A BIRTH 91201

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, Dec 6th 5 30 P.M. 1886

4. Place of Birth, (Street and Number) 2124 E Lombard St

5. Full Name of Mother, Sarah Sabina Ray

6. Mother's Maiden Name, S. S. Raizer

7. Mother's Birthplace, Baltimore City

8. Full Name of Father, Edward William Ray

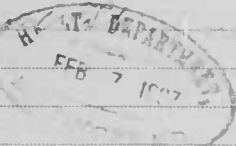
9. Father's Occupation, Clerk

10. Father's Birthplace, Baltimore City

Name of Medical Attendant, or other Person who makes this Return, James E. Daniels M.D.

Address, 1701 E Baltimore St.

Remarks,



RETURN OF A BIRTH.

91202

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether Male or Female)

2 Boys or two

2. Race or Color (if not of the white race)

German

3. Date of Birth

Dec 7 1886

4. Place of Birth (Street and Number)

Birk St 6029 Canton

5. Full Name of Mother

Cathleen Hever

6. Mother's Maiden Name

Cathleen Glina

7. Mother's Birthplace

Germany

8. Full Name of Father

John Hever

9. Father's Occupation

Meat Packer

10. Father's Birthplace

Prussia

Name of Medical Attendant, or other Person who makes this Return.

D A Lunge M D

Address

209 Lexington St

Remarks



RETURN OF A BIRTH 91203

To the Office of Registrar of Vital Statistics. Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Sex, (state whether male or female)

Race or Color, (if not of the white race)

Date of Birth,

Place of Birth, (Street and Number)

Full Name of Mother,

Mother's Maiden Name,

Mother's Birthplace,

Full Name of Father,

Father's Occupation,

Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,

4th

Female
White

7 Dec. 1886

Ad/54 N. Stricker

Kate E. Smith

Dyett

Ad.

Rufus F. Smith

Clark

Belt

John Hood

1403 W. Fayette

RETURN OF A BIRTH 91204

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

First

Sex, (state whether male or female)

Female

Race or Color, (if not of the white race)

White

Date of Birth,

December 7th 1887

Place of Birth, (Street and Number)

176 Bolton Street (Oca St)

Full Name of Mother,

Mary McKim

Mother's Maiden Name,

Mary Tucker

Mother's Birthplace,

Baltimore

Full Name of Father,

Stewart S. McKim

Father's Occupation,

Banker

Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return

H. C. Nelson

Address,

844 Park Avenue

Remarks,



RETURN OF A BIRTH ⁹¹²⁰⁵

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st*
Sex, (state whether male or female) *Female*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *December 7th 1886*
4. Place of Birth, (Street and Number) *1019 North Ave.*
5. Full Name of Mother, *Lily Johnson*
6. Mother's Maiden Name, *Dennis*
7. Mother's Birthplace, *Lanesville*
8. Full Name of Father, *Thomas F. Johnson*
9. Father's Occupation, *Salesman*
10. Father's Birthplace, *Baltimore*
Name of Medical Attendant, or other Person who makes this Return. *S. H. Seldner No. 10*
Address, *1019 North Ave. & 1019 North Ave.*
Remarks,



RETURN OF A BIRTH 91206

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th

Sex, (state whether male or female) Female

Race or Color, (if not of the white race) Colored

Date of Birth, Dec 8th 1886 31

Place of Birth, (Street and Number) 2 Sullivan Alley

Full Name of Mother, Mary Smith

Mother's Maiden Name, Mary Tolbert

Mother's Birthplace, Washington D.C.

Full Name of Father, John Smith

Father's Occupation, Grocer

Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return, Hester Helance

Address, 434 W. Monument St.

Remarks,

For each return to be received as of this time and for returns are recoverable.

RETURN OF A BIRTH 91207

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d. &c.) *3th*
- Sex, (state whether male or female) *male*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *11 December 1886*
4. Place of Birth, (Street and Number) *48 Cannon Street*
5. Full Name of Mother, *Margaretha Bartels*
6. Mother's Maiden Name, *Johannessen*
7. Mother's Birthplace, *Hesselsbach (Bavaria)*
8. Full Name of Father, *Conrad Bartels*
9. Father's Occupation, *Laborn*
10. Father's Birthplace, *Hirschdorf (Bavaria)*
- Name of Medical Attendant, or other Person who makes this Return. *Mrs E. Weiss*
- Address, *424 Lancaster St.*
- Remarks,

91208

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1st

Therese

White

Dec. 12th 1890.

Aug 5 1885

George H. Hunt

2. "Bochening"

18. 4. 1941

Geo. F. Ault

Restaurant.

Berlin

or other Person who
makes this Return.

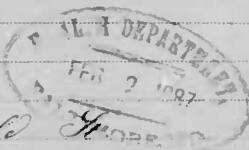
Mrs. Anna G. Cooper
#1086 Hancock St.

103+ 1000 1000



RETURN OF A BIRTH 91209

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *3th*
- Sex, (state whether male or female) *Female*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *14 December 1886*
4. Place of Birth, (Street and Number) *41 O'Donnell St. Baltimore*
5. Full Name of Mother, *Kunigunde Hahn*
6. Mother's Maiden Name, *Kutschunmeister*
7. Mother's Birthplace, *Neufung, Bavaria*
8. Full Name of Father, *Jacob Hahn*
9. Father's Occupation, *Libeler*
10. Father's Birthplace, *Mittelfranken Bavaria*
- Name of Medical Attendant, or other Person who makes this Return. *Mrs C. Weiss*
- Address, *424 Lancaster St.*
- Remarks, *I. was sick for a while.*
- 

RETURN OF A BIRTH 91210

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *First*
- Sex, (state whether male or female) *Male*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *December 14th 1886*
4. Place of Birth, (Street and Number) *1730 Chew St*
5. Full Name of Mother, *Catherine Hook*
6. Mother's Maiden Name, *Neara*
7. Mother's Birthplace, *Baltimore*
8. Full Name of Father, *George Hook*
9. Father's Occupation, *Police Officer*
10. Father's Birthplace, *Washington Territory*
- Name of Medical Attendant, or other Person who makes this Return. *Dr Seldner M. D.*
- Address, *St Louis Caroline Eager St.*
- Remarks,



RETURN OF A BIRTH 91211

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

Name, Fannie Margaret Webb

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Sex, (state whether male or female)

Race or Color, (if not of the white race)

Date of Birth,

Place of Birth, (Street and Number)

Full Name of Mother,

Mother's Maiden Name,

Mother's Birthplace,

Full Name of Father,

Father's Occupation,

Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,

First
Female
White
17 Dec. 1889

22 S. Carey

Fannie E. Webb

McCauley

Balt.

Edward Webb

Sign Painter

Balt.

John Hovel
1403 W. Fayette

RETURN OF A BIRTH 91312

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Second Child*
1. Sex, (state whether male or female) *Female*
2. Race or Color, (if not of the white race) *white*
3. Date of Birth, *1886 December the Seventeenth*
4. Place of Birth, (Street and Number) *1818 Smith Light*
5. Full Name of Mother, *Louisa Stark*
6. Mother's Maiden Name, *Louisa Koeltzer*
7. Mother's Birthplace, *Baltimore City*
8. Full Name of Father, *George Adam Stark*
9. Father's Occupation, *Beer Brewer*
10. Father's Birthplace, *Germania, Bavaria*
11. Name of Medical Attendant, or other Person who makes this Return, *E. A. Tully*
- Address, *No. 182 S. Light, 1st*
- Remarks, *Living, Well*

RETURN OF A BIRTH ⁹¹²¹³

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) Caucasian

3. Date of Birth, Dec 19 1896

4. Place of Birth, (Street and Number) 821 Baking St

5. Full Name of Mother, Ann Mary Butler

6. Mother's Maiden Name, Ann Mary

7. Mother's Birthplace, Baltimore City

8. Full Name of Father, James Gray

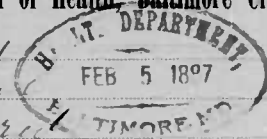
9. Father's Occupation, Cyler Shipper

10. Father's Birthplace, Balti City

Name of Medical Attendant, or other Person who makes this Return. Mrs Anne Butler

Address, 1013 Carroll St

Remarks, _____



For ca. 8 offices to be recovered as other files and certificates are recoverable.

RETURN OF A BIRTH

91314

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Fourth
Female

Sex, (state whether male or female)

Race or Color, (if not of the white race)

White

Date of Birth,

December 19th 1886

Place of Birth, (Street and Number)

254 S. Charles Street - (Old No)

Full Name of Mother,

Bessie A. Mummikhusen

Mother's Maiden Name,

Bessie A. Pancost

Mother's Birthplace,

Philadelphia

Full Name of Father,

Howard Mummikhusen

Father's Occupation,

Attorney

Father's Birthplace,

Harford County - Maryland

Name of Medical Attendant, or other Person who makes this Return

H. F. Wilton

Address,

814 E. Pratt Street

Remarks,



RETURN OF A BIRTH 91215

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

First

Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth

New Federal + Washington

4. Place of Birth, (Street and Number)

December 19th 1886

5. Full Name of Mother

Mena Hilbinger

6. Mother's Maiden Name

Vogelein

7. Mother's Birthplace

Germany

8. Full Name of Father

George Hilbinger

9. Father's Occupation

Car Driver

10. Father's Birthplace

Germany

Name of Medical Attendant, or other Person who makes this Return

W. H. Adner M. D.

Address

101 Caroline + Eager St

Remarks



RETURN OF A BIRTH

91.216

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

38

1. Sex (state whether male or female),

female
white

2. Race or Color (if not of the white race),

3. Date of Birth,

Dec 19 1886

4. Place of Birth (Street and Number),

941 N Wolfe

5. Full Name of Mother,

Mary Klein
Gilbert

6. Mother's Maiden Name,

Baltimore

7. Mother's Birthplace,

8. Full Name of Father,

Wm Klein

9. Father's Occupation,

Labr

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other person who makes this Return.

Joseph Conrad
1621 Barnes St

Address,

Remarks,

RETURN OF A BIRTH

91217

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

5
Male

1 Sex (state whether male or female),

White

2. Race or Color (if not of the white race),

3. Date of Birth,

Dec. 21 - 1886

4. Place of Birth (Street and Number),

133 N. (C) Street

5. Full Name of Mother,

Marie

6. Mother's Maiden Name,

1.

7. Mother's Birthplace,

Bohemia

8. Full Name of Father,

Vaclav Petrik

9. Father's Occupation,

Tailor

10. Father's Birthplace,

Bohemia

Name of Medical Attendant, or other person who makes this Return.

Josephine Conner
1621 Barnes

Address,

Remarks,

This return, when filed, shall be subject to the provisions of the Act of the General Assembly of the State of Maryland, passed March 27, 1886, relating to the registration of births and deaths, and to the provisions of the Act of the General Assembly of the State of Maryland, passed March 27, 1886, relating to the registration of marriages.

RETURN OF A BIRTH 91218

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd. Child

Sex, (state whether male or female) male

2. Race or Color, (if not of the white race) White

3. Date of Birth, Dec. 21st. 10 20 A.M.

4. Place of Birth, (Street and Number) St. Ger. Baltimore & Edward

5. Full Name of Mother, Annie M. Ritterhoff

6. Mother's Maiden Name, A. M. Lohmiller

7. Mother's Birthplace, Baltimore City

8. Full Name of Father, Cornel Ritterhoff

9. Father's Occupation, Shoe Dealer

Father's Birthplace, Germany

Name of Medical Attendant, or other Person who makes this Return, James C. Merrill M.D.

Address, 701 E. Baltimore St.

Remarks,

For each affiance to be returned as either true and indisputable are revocable.

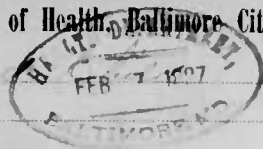
RETURN OF A BIRTH

91219

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name, Birtha Marie

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd



Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, Dec 21st 12²⁵ P.M. 1886

4. Place of Birth, (Street and Number) 1623 E Baltimore St

5. Full Name of Mother, Clara Ellen Barnes

6. Mother's Maiden Name, C. E. McHenry

7. Mother's Birthplace, Frederick Co. Md.

8. Full Name of Father, Lewis Isaac Barnes

9. Father's Occupation, Music Teacher

10. Father's Birthplace, Baltimore City

Name of Medical Attendant, or other Person who makes this Return, James E. Donnell M.D.

Address, 1701 E Baltimore Street

Remarks,

RETURN OF A BIRTH 91220

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *3rd*
1. Sex, (state whether male or female) *Male*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *Dec 23/87*
4. Place of Birth, (Street and Number) *1002 Campbell St*
5. Full Name of Mother, *Mary E. Hirschell*
6. Mother's Maiden Name, *Hudson*
7. Mother's Birthplace, *Calif.*
8. Full Name of Father, *Harry Hirschell*
9. Father's Occupation, *Cab Maker*
10. Father's Birthplace, *Calif.*
- Name of Medical Attendant, or other Person who makes this Return. *John S. Blane*
- Address, *602 S. Race St*
- Remarks,

RETURN OF A BIRTH 91221

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 11th

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, Dec. 26th 1886

4. Place of Birth, (Street and Number) 1833 Ave. St.

5. Full Name of Mother, Mary Hays

6. Mother's Maiden Name, Hays

7. Mother's Birthplace, Balt. Md.

8. Full Name of Father, Edward Hays

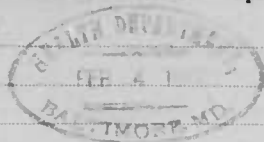
9. Father's Occupation, Carpenter

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this return. Mrs. Maria Hays

Address, 1833 Ave. St.

Remarks, 1038 Ave. St.



RETURN OF A BIRTH 91222

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, Dec 26th 1886

4. Place of Birth, (Street and Number) 4179 Sterling St

5. Full Name of Mother, Mary Schelling

6. Mother's Maiden Name, " Schelling

7. Mother's Birthplace, Germany

8. Full Name of Father, Fred. Schelling

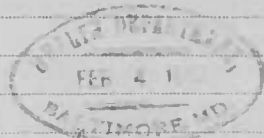
9. Father's Occupation, Tailor

10. Father's Birthplace, Germany

Name of Medical Attendant, or other Person who makes this Return, Mrs. Maria Hillegast

Address, 48208 W. Longmont St

Remarks, 1038 San Antonio



For each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 91223

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether male or female),

2. Race or Color (if not of the white race),

3. Date of Birth,

4. Place of Birth (Street and Number),

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks,

5
female
white
Dec 26 1886
243 N. Bond St
Frances R. Sykes
Zenger
Bohemian
Joseph Sykes
Shoemaker
Bohemian
Joseph (Ond)
1621 Barnes St

RETURN OF A BIRTH 91228

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2nd

1. Sex (state whether male or female),

Male

2. Race or Color (if not of the white race),

White

3. Date of Birth,

Dec 26 - 86

4. Place of Birth (Street and Number),

N Chapel St 30

5. Full Name of Mother,

Anne Bartonick

6. Mother's Maiden Name,

" Masopust

7. Mother's Birthplace,

Bohemia

8. Full Name of Father,

Vaclav Bartonick

9. Father's Occupation,

Tailor

10. Father's Birthplace,

Bohemia

Name of Medical Attendant, or other person who makes this Return.

Josephine Gured

Address,

1621 Banes St

Remarks,

RETURN OF A BIRTH 91325

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Sixth
- Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth. December 27th 1896
4. Place of Birth, (Street and Number) 534 W. Castle St.
5. Full Name of Mother, Mary C. Bromwell
6. Mother's Maiden Name. Rehbein
7. Mother's Birthplace. Baltimore
8. Full Name of Father, William Bromwell
9. Father's Occupation, Bricklayer
10. Father's Birthplace, Baltimore
- Name of Medical Attendant, or other Person who makes this Return. J. H. Seldner M. D.
- Address, S. E. Cor. Caroline & Eager Sts.
- Remarks.



RETURN OF A BIRTH

91226

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

Ethel Hutchinson Downs

of Child of Mother, (state whether 1st, 2d, 3d, &c.)

First

Sex, (state whether male or female)

Female

Race or Color, (if not of the white race)

White

Date of Birth,

26 Dec. 1886

Place of Birth, (Street and Number)

117 S. Silsbee

Full Name of Mother,

Irene Augusta Downs

Mother's Maiden Name,

Hutchinson

Mother's Birthplace,

Norfolk, Va.

Full Name of Father,

Howard T. Downs

Father's Occupation,

Clergyman

Father's Birthplace,

Maryland

Name of Medical Attendant, or other Person who makes this Return

John H. Wood

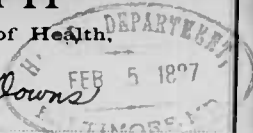
Address,

1113 N. Fayette

Remarks,

Am born

12-28-57



RETURN OF A BIRTH 9/27/

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 12th

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, Dec 28 1888

4. Place of Birth, (Street and Number) 4810 Addison St

5. Full Name of Mother, Jane M. Kerren

6. Mother's Maiden Name, " Lanyon

7. Mother's Birthplace, Ireland

8. Full Name of Father, John M. Kerren

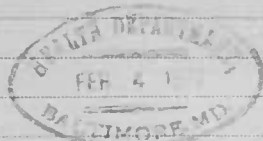
9. Father's Occupation, Laborer

10. Father's Birthplace, Ireland

Name of Medical Attendant, or other Person who makes this Return, Mrs. Anna Helleguest

Address, 1122 E. Monument St

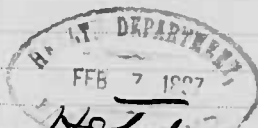
Remarks, 1038 Superior Avenue



RETURN OF A BIRTH 91228

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *First*
Sex, (state whether male or female) *Male*
Race or Color, (if not of the white race) *White*
Date of Birth, *December 28th 1886*
Place of Birth, (Street and Number) *Mount Vernon Hotel*
Full Name of Mother, *Virginia Greenway Albert*
Mother's Maiden Name, *Virginia Greenway*
Mother's Birthplace, *Harford County Md*
Full Name of Father, *Jacob Albert*
Father's Occupation, *Emthman*
Father's Birthplace, *Baltimore*
Name of Medical Attendant, or other Person who makes this return *A. P. O'Neilson*
Address, *814 Park Avenue*
Remarks,



RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

First

☒ Sex (state whether male or female),

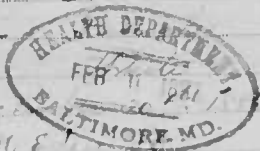
Female

2. Race or Color (if not of the white race),

White

3. Date of Birth,

Dec 30, 1886



4. Place of Birth (Street and Number),

205 N E

5. Full Name of Mother,

3 Mary Baker

6. Mother's Maiden Name,

Hamlin

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

John Baker

9. Father's Occupation,

Marine

☒ Father's Birthplace,

Baltimore

Name of Medical Attendant, or other person who makes this return.

Wm. H. M.

Address,

205 N E

Remarks,

For each offence, to be recovered as other fines and forfeitures are recoverable.

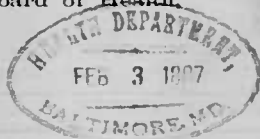
Missing 9/230

RETURN OF A BIRTH

91231

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

Color

3. Date of Birth,

January 2 18th 1887

4. Place of Birth, (Street and Number)

242 S. Dallas St

5. Full Name of Mother,

Mary Seaton

6. Mother's Maiden Name,

7. Mother's Birthplace,

Frankford Pa

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return

Louisa Seaton

Address,

242 S. Dallas St.

Remarks,

RETURN OF A BIRTH ⁹¹²³²

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, Jan. 2nd 1887

4. Place of Birth, (Street and Number) #183 E. Green St. Baltimore

5. Full Name of Mother, Laura Wiley

6. Mother's Maiden Name, " Reed

7. Mother's Birthplace, Baltimore, Md.

8. Full Name of Father, James Wiley

9. Father's Occupation, Wagon Maker

10. Father's Birthplace, Baltimore, Md.

Name of Medical Attendant, Mar. Henry Hillegast
or other Person who makes this Return.

Address, #183 E. Monument St.

Remarks, 1038. in Number

for each office to be reviewed as other lines and authorities are received.

RETURN OF A BIRTH 91233

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

3

1. Sex (state whether male or female),

male

2. Race or Color (if not of the white race),

3. Date of Birth,

January 3.

4. Place of Birth (Street and Number),

918 Warner Street

5. Full Name of Mother,

Albertine Gochler

6. Mother's Maiden Name,

Albertine Gochler

7. Mother's Birthplace,

Purity Deutschland

8. Full Name of Father,

J. C. Paul Gochler

9. Father's Occupation,

Cabinet Maker

10. Father's Birthplace,

Purity Deutschland

Name of Medical Attendant, or other person who makes this Return.

Miss Murphy

Address,

100 Madison Hall St

Remarks,



RETURN OF A BIRTH 91234

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether male or female),

2. Race or Color (if not of the white race),

3. Date of Birth,

4. Place of Birth (Street and Number), W 307 S. Bond St

5. Full Name of Mother,

Sophie Kramer

6. Mother's Maiden Name,

Schwartz

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Henry Kramer

9. Father's Occupation,

Laborer

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other person who makes this Return.

Mrs. Louise Kraft

Address,

112 905 S. Washington St.

Remarks,

for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 91235

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether male or female),

2. Race or Color (if not of the white race),

3. Date of Birth,

4. Place of Birth (Street and Number),

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

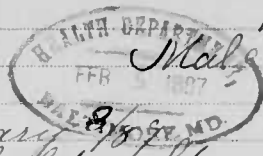
9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks,



January 18, 1907
 No 19 S. Eden St.
 Dora Reisenweaver
 Samerswerf
 Baltimore
 Henry Reisenweaver
 Plummer
 Baltimore
 Mrs. Louise Kraft
 No 405 S. Washington St.

For each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 91236

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2nd

Sex, (state whether male or female)

Female.

2. Race or Color, (if not of the white race)

White.

3. Date of Birth,

Jan 3rd 1887

4. Place of Birth, (Street and Number)

801 N. Gilman St.

5. Full Name of Mother,

Alice Domaniat.

6. Mother's Maiden Name,

Alice Eidenstricker.

7. Mother's Birthplace,

Baltimore Md.

8. Full Name of Father,

Charles Fern Domaniat.

9. Father's Occupation,

Clerk.

10. Father's Birthplace,

Baltimore Md.

Name of Medical Attendant, or other Person who makes this Return.

James Pittman M.D.

Address,

223 Gilman St. North.

Remarks,

RETURN OF A BIRTH 91231

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Third*
1. Sex (state whether male or female), *Male*
2. Race or Color (if not of the white race),
3. Date of Birth, *Jan 3 - 1887*
4. Place of Birth (Street and Number), *No. 588 N. Gay*
5. Full Name of Mother, *Helen Riley*
6. Mother's Maiden Name, *" Doyle*
7. Mother's Birthplace, *Baltimore*
8. Full Name of Father, *Harry H. Riley*
9. Father's Occupation, *Painter*
10. Father's Birthplace, *Baltimore*
- Name of Medical Attendant, or other person who makes this Return. *Mary A. Allwell*
- Address, *912 Mc Donogh St*
- Remarks,

For each office, to be recovered as other fees and forfeitures are recoverable.

RETURN OF A BIRTH 91238

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

o. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Second

Sex, (state whether male or female)

Male

Race or Color, (if not of the white race)

White

Date of Birth,

3 Jan. 1887

Place of Birth, (Street and Number)

ca 833 W. Balt. St.

Full Name of Mother,

Mamie Hildebrandt

Mother's Maiden Name,

Gillie

Mother's Birthplace,

Baltimore

Full Name of Father,

Charles Hildebrandt

Father's Occupation,

Fireman

Father's Birthplace,

Balt.

Name of Medical Attendant, or other Person who makes this Return

J. M. Hood

Address,

1403 W. Fayette

Remarks,

RETURN OF A BIRTH 91239

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,

354
25th Nov 11
white
Jan 27 1885

67 Parkin St

Helen Mc Neenan

Bingham

Balt John H Mc Neenan

Thos H Mc Neenan

Turner

Balt

Geo R Graham M.D.

725 Columbia Ave

RETURN OF A BIRTH 91240

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, 3 Jan - 1882

4. Place of Birth, (Street and Number) 702 Warner St.

5. Full Name of Mother, Fannie Cook

6. Mother's Maiden Name, Bennell

7. Mother's Birthplace, Salisbury Co Md

8. Full Name of Father, John Cook

9. Father's Occupation, Phot.

10. Father's Birthplace, Balto

Name of Medical Attendant, or other Person who makes this Return.

Address, Mrs J. L. Gossing

Remarks, 940 N Gay St

RETURN OF A BIRTH 91241

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

First

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Jan. 4th 1887

4. Place of Birth, (Street and Number)

Mt. Airy 1134 115 N. Lombard St

5. Full Name of Mother,

Katie Eckhart

6. Mother's Maiden Name,

D.

7. Mother's Birthplace,

Germany

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

D. H. Burkman, M. D.

Address,

1134 115 N. Lombard St

Remarks,

RETURN OF A BIRTH 91242

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Jan. 5th 1887

4. Place of Birth, (Street and Number)

1017 Somerset St

5. Full Name of Mother,

Julia Shell

6. Mother's Maiden Name,

" Dickerson

7. Mother's Birthplace,

Balti Md

8. Full Name of Father,

Anton Shell

9. Father's Occupation,

Sailor

10. Father's Birthplace,

Balti Md

Name of Medical Attendant, or other Person who makes this Return.

Mrs R. Hilly

Address,

1302 S. Delaware St

Remarks,

RETURN OF A BIRTH 91243

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color. (if not of the white race)

3. Date of Birth

4. Place of Birth, (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return

Address

Remarks

6"
Baltimore
Feb 4 11:15
I am 5' 10" tall
1150 Sanson St
Mary A Gilly
" " Kynes
Maryland
Wm Gilly
Blacksmith
Baltimore
Geo R Graham M.D.

725 Columbia Ave

RETURN OF A BIRTH 91244

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

● Sex (state whether male or female),

2. Race or Color (if not of the white race),

3. Date of Birth,

4. Place of Birth (Street and Number),

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other person who
make this Return.

Address,

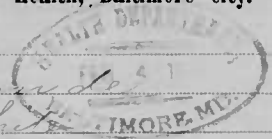
Remarks,

for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 91245

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3
1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Jan 6th 1887
4. Place of Birth, (Street and Number) 46 Lomb St
5. Full Name of Mother, Mary Speltzine
6. Mother's Maiden Name, " Slopine
7. Mother's Birthplace, Balto Md
8. Full Name of Father, Joseph Speltzine
9. Father's Occupation, Grocer
10. Father's Birthplace, Pennsylvania
- Name of Medical Attendant, or other Person who makes this Return, Mrs R. Ulbig
- Address, 1302 Hollander St
- Remarks,



RETURN OF A BIRTH 91246

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race)

3. Date of Birth,

Jan 6th 1881

4. Place of Birth, (Street and Number) 621 Bessel st

5. Full Name of Mother, Mary Brenner.

6. Mother's Maiden Name, Lee.

7. Mother's Birthplace,

8. Full Name of Father, Limmon Brenner.

9. Father's Occupation, Labor

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Lizzy B. B.

Address,

120 Bunker st

Remarks,



RETURN OF A BIRTH 91247

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

Sex, (state whether male or female) Female

Race or Color, (if not of the white race)

Date of Birth,

Jan 6th 1887

Place of Birth, (Street and Number) 162 Bond st

Full Name of Mother,

Mary Lewis

Mother's Maiden Name,

William

Mother's Birthplace,

Germany

Full Name of Father,

Daniel Lewis

Father's Occupation,

Bot house

Father's Birthplace,

City

Name of Medical Attendant, or other Person who makes this Return.

Dr. W. C. W. C.

Address,

162 Bond st

Remarks,



For each child to be received in office this form must be filled out and returned to the Registrar of Vital Statistics.

RETURN OF A BIRTH 91248

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Sex (state whether male or female),

2. Race or Color (if not of the white race),

3. Date of Birth,

4. Place of Birth (Street and Number),

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks,



for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 91249

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Roland Dodd Stump

Sex (state whether male or female),

Male



2. Race or Color (if not of the white race),

3. Date of Birth,

Jan. 6th '81

4. Place of Birth (Street and Number),

328 N. Gilman

5. Full Name of Mother,

Mary Dodd Stump

6. Mother's Maiden Name,

Mary Dodd

7. Mother's Birthplace,

Baltimore, Co.,

8. Full Name of Father,

Henry Stump

9. Father's Occupation,

Butcher

10. Father's Birthplace,

Baltimore, Co.,

Name of Medical Attendant, OR other person who makes this Return.

Nellie V. Mark, M.D.

Address,

205 Madison Ave.,

Remarks,

OTHER NAME ADDED.

4-14-52

for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 91250

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st.

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) W.

3. Date of Birth, Jan 7. 1887

4. Place of Birth, (Street and Number) 177 Vine st.

5. Full Name of Mother, Mary Carr

6. Mother's Maiden Name, Fitzpatrick

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Ed. Carr

9. Father's Occupation, Mechanic

10. Father's Birthplace, Balt.

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,



C. W. Melt
763 N. E. 10th St

RETURN OF A BIRTH 91251

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether male or female),

2. Race or Color (if not of the white race),

3. Date of Birth,

4. Place of Birth (Street and Number),

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

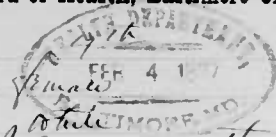
9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks,


 Female
 White
 January 7th
 31 Gouldman ave,
 Rickey Rickour
 " Beyer
 City
 Helen Rickour
 Labour
 City
 J. R. R. Rickour

RETURN OF A BIRTH 91282

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

Sex, (state whether male or female) Male

Race or Color, (if not of the white race)

Date of Birth,

Place of Birth, (Street and Number) 234 Bond st

Full Name of Mother, Lizz Verleger

Mother's Maiden Name, "Lizz" Schenker

Mother's Birthplace,

Full Name of Father, John Verleger

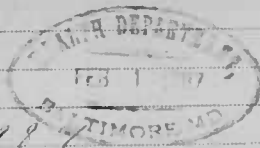
Father's Occupation, Wiper Maker

Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks.



RETURN OF A BIRTH 91253

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex (state whether male or female), male

2. Race or Color (if not of the white race), white

3. Date of Birth, January 7, 1887

4. Place of Birth (Street and Number), 626 Pilehurst St. Baltimore, Md.

5. Full Name of Mother, Rosa J. Akers

6. Mother's Maiden Name, McAbie

7. Mother's Birthplace, Md.

8. Full Name of Father, Jos. Robt. Akers

9. Father's Occupation, P. R. employe.

10. Father's Birthplace, Va.

Name of Medical Attendant, or other person who makes this Return, C. L. Lane, Physician

Address, 922 Madison Ave.

Remarks,

For each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 91254

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

● Sex (state whether male or female),

2. Race or Color (if not of the white race),

3. Date of Birth,

4. Place of Birth (Street and Number),

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

● 10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks,

who shall hereafter fail to comply with the provisions of this section shall be subjected to the same fine and forfeitures as are recoverable for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 91255

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st (Conjunctive)*

Sex, (state whether male or female) *Male*

Race or Color, (if not of the white race) *White*

Date of Birth, *January 7/87*

Place of Birth, (Street and Number) *296 W Pratt St*

Full Name of Mother, *Anna M. Jacobson*

Mother's Maiden Name, *a a Schumann*

Mother's Birthplace, *City*

Full Name of Father, *Erk Jacobson*

Father's Occupation, *Barber*

Father's Birthplace, *Switzerland*

Name of Medical Attendant, or other Person who makes this Return, *Dr. A. Blake*

Address, *103 S. Paca St*

Remarks, *This was a true birth*

For each offense to be returned as other than and returns are recoverable.

CERTIFICATE CORRECTED 1-25-51

RETURN OF A BIRTH 91256

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: John C. Kelly
 No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth. January 8, 1887

4. Place of Birth, (Street and Number) 347 Divisadero St.

5. Full Name of Mother, Katie (Kelly) Kelly

6. Mother's Maiden Name, Barrow

7. Mother's Birthplace, Buett County

8. Full Name of Father, Michael (Kelly) Kelly

9. Father's Occupation, Car Driver

10. Father's Birthplace, Harford County, Md

Name of Medical Attendant, or other Person who makes this Return. Marbury Brewer, M.D.

Address, 1031 McCulloch St.

Remarks,

RETURN OF A BIRTH 91257

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

First

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

3. Date of Birth,

January 8th 1887

4. Place of Birth, (Street and Number)

854 W. Lombard st

5. Full Name of Mother,

Emma Page

6. Mother's Maiden Name,

Emma Gammer

7. Mother's Birthplace,

Baltimore city

8. Full Name of Father,

Edward ex Page

9. Father's Occupation,

Stone cutter

10. Father's Birthplace,

Baltimore city

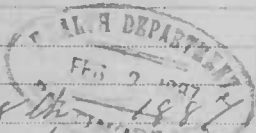
Name of Medical Attendant, or other Person who makes this Return

Mrs. Geisach

Address,

439 W. Pratt st

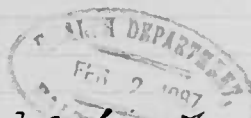
Remarks,



RETURN OF A BIRTH 91258

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *3rd*
- Sex (state whether male or female), *Female*
2. Race or Color (if not of the white race), *White*
3. Date of Birth, *Jan 8th*
4. Place of Birth (Street and Number), *43 (old no) Harting Avenue*
5. Full Name of Mother, *Mrs. Sauerbraker*
6. Mother's Maiden Name, *Miss A. Brundage*
7. Mother's Birthplace, *Calif*
8. Full Name of Father, *Henry Sauerbraker*
9. Father's Occupation, *Cigar maker*
10. Father's Birthplace, *Calif*
- Name of Medical Attendant, or other person who makes this Return, *H F Hill Md.*
- Address, *1001 Edmondson Ave*
- Remarks,



any person or persons who shall knowingly fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offense, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH ⁹¹²⁸⁷

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *First*

Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *Jan 5th 1887*

4. Place of Birth, (Street and Number) *308 S. Caroline*

5. Full Name of Mother, *Anna Mullen*

6. Mother's Maiden Name, *Anna Laphan*

7. Mother's Birthplace, *Germany*

8. Full Name of Father, *German Mullen*

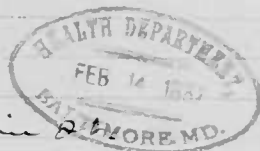
9. Father's Occupation, *Laborer*

10. Father's Birthplace, *Germany*

Name of Medical Attendant, or other Person who makes this Return

Address, *1512 E. Baltimore St*

Remarks.



RETURN OF A BIRTH 91260

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

First.

1. Sex, (state whether male or female)

Female.

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Jan 8th 1887

4. Place of Birth, (Street and Number)

113 & 115 W. Lombard St.

5. Full Name of Mother,

Carrie Smith

6. Mother's Maiden Name,

Do.

7. Mother's Birthplace,

Delaware.

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

J. F. A. Coffin M.D.

Address,

113 & 115 W. Lombard St

Remarks,

for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 91261

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Seventh*
1. Sex (state whether male or female), *female*
2. Race or Color (if not of the white race), *Caucasian*
3. Date of Birth, *January 9*
4. Place of Birth (Street and Number), *Barns" St. No. 828*
5. Full Name of Mother, *Anna Katharina Hofmann*
6. Mother's Maiden Name, *Anna Katharina Popple*
7. Mother's Birthplace, *Germany*
8. Full Name of Father, *Heinrich Hofmann*
9. Father's Occupation, *Engelmann Balling*
10. Father's Birthplace, *Germany*
11. Name of Medical Attendant, or other person who makes this Return, *Miss M. H. H.*
- Address, *see Laderhall St.*
- Remarks,

For each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 91262

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *first*
1. Sex, (state whether male or female) *male*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *9th of January*
4. Place of Birth, (Street and Number) *1000 South Street*
5. Full Name of Mother, *Katharine Schmitt*
6. Mother's Maiden Name, *Stingen*
7. Mother's Birthplace, *Lich Graeshergogthum Hessen*
8. Full Name of Father, *Rudolph Schmitt*
9. Father's Occupation, *School-Teacher*
10. Father's Birthplace, *Sabernheim Rhin*
- Name of Medical Attendant, or other Person who makes this Return. *Mrs. Bange*
- Address, *Old 426 p 711 Cross st*
- Remarks,



RETURN OF A BIRTH 91263

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

3

1. Sex (state whether male or female),

Female

2. Race or Color (if not of the white race),

White

3. Date of Birth,

January the 2. 1897

4. Place of Birth (Street and Number),

Friedrich and B. Street

5. Full Name of Mother,

Mary E. King

6. Mother's Maiden Name,

Mary E. Brunschmiller

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Henry King

9. Father's Occupation,

Labour

10. Father's Birthplace.

Name of Medical Attendant. or other person who makes this Return.

Miss S. Kelley

Address,

10 1/2 B Pratt St

Remarks,

RETURN OF A BIRTH 91264

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex (state whether male or female), Female

2. Race or Color (if not of the white race), White

3. Date of Birth, January the 17th 1881

4. Place of Birth (Street and Number), Parish St No 1412

5. Full Name of Mother, Catharine Hurley

6. Mother's Maiden Name, Catharine Mahony

7. Mother's Birthplace, Ireland

8. Full Name of Father, Michael Hurley

9. Father's Occupation, Laborer

10. Father's Birthplace, Ireland

Name of Medical Attendant, or other person who makes this Return. Mrs. S. Kelly

Address, No 1423 Pratt St

Remarks,

RETURN OF A BIRTH 91265

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

First Child

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

Italian

3. Date of Birth,

January the 9th 1886

4. Place of Birth, (Street and Number)

Baltimore (Bowen Street 116)

5. Full Name of Mother,

Josephine Villa

6. Mother's Maiden Name,

Josephine Porcella

7. Mother's Birthplace,

Genoa Italy

8. Full Name of Father,

Antonio Villa

9. Father's Occupation,

Blacksmith

10. Father's Birthplace,

Genoa Italy

Name of Medical Attendant, or other Person who makes this Return

Midwife Mrs. Cross

Address, Poppleton Street 413 South

Remarks,

within this period shall be required, except in the cases of the births and deaths of illegitimate children, and any person who shall fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offense, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH ⁷¹²⁶⁶

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female) *Female*

2. Race or Color, (if not of the white race) *Caucasian*

3. Date of Birth, *9 January*

4. Place of Birth, (Street and Number) *103 York Street*

5. Full Name of Mother, *Caroline Gamble*

6. Mother's Maiden Name, *Caroline Driver*

7. Mother's Birthplace, *York Street*

8. Full Name of Father, *Amos Gamble*

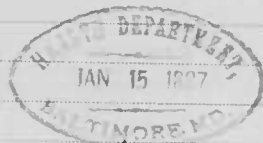
9. Father's Occupation, *Buckmaker and Cigar Shucker*

10. Father's Birthplace, *Calvert County, Maryland*

Name of Medical Attendant, or other Person who makes this Return

Address, *103 China*

Remarks.



RETURN OF A BIRTH 91267

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

6th

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

January 9th

4. Place of Birth, (Street and Number)

102 George St

5. Full Name of Mother,

Rebecca Rose

6. Mother's Maiden Name,

Rebecca Kraft

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Leopold Rose

9. Father's Occupation,

Travelling Salesman

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return

Mrs W Mannel Midwife

Address,

No 10 Pearl St.

Remarks,

RETURN OF A BIRTH

91268

Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

of Mother, (state whether 1st, 2d, 3d, &c.)

3rd

whether male or female)

male

Color, (if not of the white race)

Colored

Birth,

9 of 9th 15th 1887

Birth, (Street and Number)

620 Bradbords St

of Mother,

Ann M. Harrison

Baident Name,

Ann M. ~~Harrison~~ Smith

Birthplace,

Baltimore Md

of Father,

Stephen Joshua Harrison

Occupation,

Labor

Birthplace,

Easton Shore Dorchester Co Md

Medical Attendant, or other Person who makes this Return.

Mrs Elizabeth Madaniny



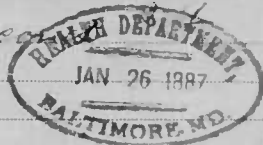
2011 South Bethel St

RETURN OF A BIRTH 91269

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Second



1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

January 19, 1887

4. Place of Birth, (Street and Number)

61 Orchard St. Baltimore Md.

5. Full Name of Mother,

Amanda Chenoweth

6. Mother's Maiden Name,

Amanda McEis

7. Mother's Birthplace,

Baltimore Md.

8. Full Name of Father,

William Chenoweth

9. Father's Occupation,

Driver

10. Father's Birthplace,

Baltimore Md.

Name of Medical Attendant,

or other Person who makes this Return.

Mrs. Mabel

Address,

Pearl St No 10.

Remarks,

within the period above specified, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offense, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH ⁹¹²⁷⁰

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

8th

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth.

Jan 19 - 1881

4. Place of Birth, (Street and Number)

418 836 Hunt Court

5. Full Name of Mother.

Margaret Barnes

6. Mother's Maiden Name.

Level

7. Mother's Birthplace.

Baltimore

8. Full Name of Father.

William Barnes

9. Father's Occupation.

Laborer

10. Father's Birthplace.

Baltimore

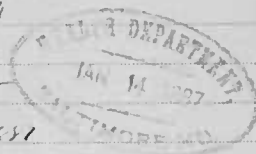
Name of Medical Attendant, or other Person who makes this Return

Sarah P Harrington

Address.

418 528 Canton Ave

Remarks.



RETURN OF A BIRTH 91271

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2nd Child*

1. Sex (state whether male or female),

● Race or Color (if not of the white race), *White*

3. Date of Birth, *January 26, 9. 1887*

4. Place of Birth (Street and Number), *Point Lane. N^o 1010.*

5. Full Name of Mother, *Sophia Gebhardt*

6. Mother's Maiden Name, *Sophia Heinrich*

7. Mother's Birthplace, *Hambach. N. Prussia. Germany*

8. Full Name of Father, *Johan Gebhardt*

9. Father's Occupation, *Cabinet maker*

10. Father's Birthplace, *Schellmers. N. Prussia. Germany*

● Name of Medical Attendant, or other person who makes this Return. *Harry E. Müller*

Address, *N. Dallas St. N^o 114*

Remarks,

who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 91272

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d
1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) white
3. Date of Birth, January the 13th 1885
4. Place of Birth, (Street and Number) Baltimore 6-2055-56
5. Full Name of Mother, Elizabeth Montgomery
6. Mother's Maiden Name, Lucas
7. Mother's Birthplace, Baltimore
8. Full Name of Father, William Montgomery
9. Father's Occupation, Engineer
10. Father's Birthplace, Baltimore
- Names of Medical Attendant, or other Person who makes this Return, Elizabeth Huthorn
- Address, Light St. 1215-14
- Remarks,

RETURN OF A BIRTH 9/12/87

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

9 January 1887

1. Sex, (state whether male or female)

male child

2. Race or Color, (if not of the white race)

colored child

3. Date of Birth,

9 January 1887

4. Place of Birth, (Street and Number)

East St. 14 near 1372

5. Full Name of Mother,

Cynthia Moore

6. Mother's Maiden Name,

Cynthia Pierce

7. Mother's Birthplace,

Chandlers Va

8. Full Name of Father,

Levi Moore

9. Father's Occupation,

waiter

10. Father's Birthplace,

Baltimore City

Name of Medical Attendant, or other Person who makes this Return.

Robert Matthew V.

Address,

287 N. E. St.

Remarks,

Darkie Tander

No 308 Chesnut st

RETURN OF A BIRTH ⁹¹¹⁷⁴

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, etc.) 4

Sex, (state whether male ~~or~~ female) _____

2. Race or Color, (if not of the white race) _____

3. Date of Birth, January 9th 1887

4. Place of Birth, (Street and Number) 404 N. Green St

5. Full Name of Mother, Ann L. Jones

6. Mother's Maiden Name, Farbanks

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Henry L. Jones

9. Father's Occupation, Police officer

Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return Wm. L. Russell

Address, 300 N. Broadway

Remarks, _____



within the period above required, except in the cases of the deaths and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offense, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH. 9/12/05

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 11th

1. Sex, (state whether male or female) male

2. Race or Color, (if not of the white race) white

3. Date of Birth Jan'y 9th 1887

4. Place of Birth, (Street and Number) 489 Linnwell MD

5. Full Name of Mother, Charlotte Hoffman

6. Mother's Maiden Name, Charlotte Foree

7. Mother's Birthplace, Brooklyn N. Y.

8. Full Name of Father, George W. Hoffman

9. Father's Occupation, Real Estate Agent

10. Father's Birthplace, Baltimore C.

Name of Medical Attendant, or other Person who makes this Return, Harvey Hill M.D.

Address, 897 Calverton Ave.

Remarks,

or persons who shall hereafter fail to comply with the provisions of this section, shall be subject to the fine of ten (\$10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH ⁹¹²⁷⁶

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

Sex, (state whether male or female) female

2. Race or Color, (if not of the white race) dark brown

3. Date of Birth, Jan 18 1888

4. Place of Birth, (Street and Number) Wilbert St No 28

5. Full Name of Mother, Emma Clark

6. Mother's Maiden Name, Emma Clark

7. Mother's Birthplace, Dorchester Co Md

8. Full Name of Father, William Ross

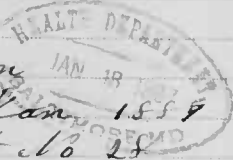
9. Father's Occupation, Labourer) Dorchester County Md

Father's Birthplace, Dorchester County Md

Name of Medical Attendant, or other Person who makes this Return Lidia Somerville

Address, Clinton ave 616

Remarks,



With this return parents receive a certificate, except in the cases of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other laws and penalties are recoverable.

RETURN OF A BIRTH 71275

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether male or female),

2. Race or Color (if not of the white race),

3. Date of Birth,

4. Place of Birth (Street and Number),

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

11. Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks,

January 9 1887

William Cichowicz

J. Schaeffer, M.D.

1102 1/2 Genover St.

RETURN OF A BIRTH ⁹¹²⁷⁹

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd
- Sex, (state whether male or female) White
- Race or Color, (if not of the white race) White
- Date of Birth Jan 9th 1887
- Place of Birth, (Street and Number) 29 Pickney Place
- Full Name of Mother, Minnie E. — Scales
- Mother's Maiden Name, Minnie E. Smith
- Mother's Birthplace, Baltimore Md
- Full Name of Father, Joseph Scales
- Father's Occupation, Transfer Driver
- Father's Birthplace, Baltimore
- Name of Medical Attendant, or other Person who makes this Return, Edmund C. Gibbs
- Address, (431) 138 E. Townsend
- Remarks, Liquor Annis (very large amount)



for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 91250

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2nd

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

Color

3. Date of Birth,

Jan 9th 1887

4. Place of Birth, (Street and Number)

Baltimore

5. Full Name of Mother,

Martha Baker

6. Mother's Maiden Name,

Martha Baker

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

William Baker

9. Father's Occupation,

Laborer

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return.

Angeline Wilson

Address,

314 E. Lombard St.

Remarks,

For each affiance to be returned as other files and signatures are recoverable.

RETURN OF A BIRTH ⁷¹²⁸¹

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Eighth
Male

1. Sex (state whether male or female),

2. Race or Color (if not of the white race),

3. Date of Birth,

Jan 9 - 1887

4. Place of Birth (Street and Number),

No 624 N Washington

5. Full Name of Mother,

Laura C. Gray

6. Mother's Maiden Name,

" " Meredith

7. Mother's Birthplace,

Balto

8. Full Name of Father,

Jacob Y. Gray

9. Father's Occupation,

Paper Hanger

10. Father's Birthplace,

Balto

Name of Medical Attendant, or other person who makes this Return.

Mary A. Allwell

Address,

912 McDonogh St

Remarks,

For each offense, to be recovered as civil fines and forfeitures are recoverable.

RETURN OF A BIRTH 91282

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st.*
 1. Sex, (state whether male or female) *Male*
 2. Race or Color, (if not of the white race) *W*
 3. Date of Birth, *January 9th, 1887*
 4. Place of Birth, (Street and Number) *309 N. Fremont St*
 5. Full Name of Mother, *Mary Gungling*
 6. Mother's Maiden Name, *Ellis*
 7. Mother's Birthplace, *Balt*
 8. Full Name of Father, *Harry Gungling*
 9. Father's Occupation, *Salesman*
 10. Father's Birthplace, *Camden Co. Md*
 Name of Medical Attendant, or other Person who makes this Return *C. M. M. M. M.*
 Address, *763 N. 1st St*
 Remarks,



RETURN OF A BIRTH ⁹¹²⁸³

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.) 4th

Sex. (state whether male or female) Female

Race or Color, (if not of the white race) White

Date of Birth. Jan. 9: 1887

Place of Birth, (Street and Number) 1003 Green Mt. Ave

Full Name of Mother, Ellen M. Richards

Mother's Maiden Name, William

Mother's Birthplace, Baltimore

Full Name of Father, James R. Richards

Father's Occupation, Commercial Traveler

Father's Birthplace, Baltimore

Name of Medical Attendant, Dr. H. Williams

or other Person who makes this Return

Address, 700 Madison Ave

Remarks,



to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH ⁹¹²⁸⁴

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

Boy Child

2. Race or Color, (if not of the white race)

Colored male

3. Date of Birth,

4. Place of Birth, (Street and Number)

Ex alle Belterun. Lu and 1000

5. Full Name of Mother,

Mary Chambers

6. Mother's Maiden Name,

Mary Smith

7. Mother's Birthplace,

Stockholm Sweden

8. Full Name of Father,

Andrew J. Smith

9. Father's Occupation,

Angels Shall

10. Father's Birthplace,

Magin ale

Name of Medical Attendant, or other Person who makes this Return.

Margret Gray

Address,

New-Well-Off-Road at the corner of Harbor and Sharp

Remarks,



RETURN OF A BIRTH 91285

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

306

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

Colored

3. Date of Birth,

July 14 1887

4. Place of Birth, (Street and Number)

24. 19. Chambers St

5. Full Name of Mother,

Lelia Washington

6. Mother's Maiden Name,

" Cannon & Dwyer

7. Mother's Birthplace,

City

8. Full Name of Father,

Geo B Washington

9. Father's Occupation,

Carpenter

10. Father's Birthplace,

City

Name of Medical Attendant, or other Person who makes this Return

W. Tinsley M.D.

Address

1615 Madison Ave

Remarks

RETURN OF A BIRTH 91286

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Na. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2^d

Sex (state whether male or female), Male

2. Race or Color (if nat of the white race), White

3. Date of Birth, Balto Jan 10th 1887.

4. Place of Birth (Street and Number), 613 Burk Street

5. Full Name of Mother, Kate Rucke.

6. Mother's Maiden Name, Kate Haecker.

7. Mother's Birthplace, Germany.

8. Full Name of Father, August Rucke.

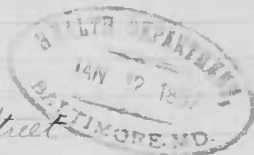
9. Father's Occupation, Laborer.

10. Father's Birthplace, Germany.

Name of Medieet Attendant, or other person who makes this Return.

Address, 412 South Wolfe St.

Remarks,



RETURN OF A BIRTH 91287

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Second Child*

1. Sex, (state whether male or female) *Female*

2. Race or Color, (if not of the white race) *White Race*

3. Date of Birth, *Born January 10th 1887*

4. Place of Birth, (Street and Number) *Room at 47, Burke Street*

5. Full Name of Mother, *Mrs. Annie Henderson*

6. Mother's Maiden Name, *Miss Annie ~~Henderson~~ Travel*

7. Mother's Birthplace, *Born in Ireland*

8. Full Name of Father, *John Henderson*

9. Father's Occupation, *Labourer*

10. Father's Birthplace, *Born in Ireland*

Name of Medical Attendant, or other Person who makes this Return, *Mrs. R. J. Tyler*

Address, *No. 65, Burke Street, Canton*

Remarks, *formerly Mrs. C. A. Garrett*

RETURN OF A BIRTH. 91288

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *Male 2^d*

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth *January 10 1887*

4. Place of Birth, (Street and Number) *N^o 107 Oliver st*

5. Full Name of Mother, *Mary Robbins*

6. Mother's Maiden Name, *Mary Legume*

7. Mother's Birthplace, *France*

8. Full Name of Father, *Joseph Robbins*

9. Father's Occupation, *Labourer*

10. Father's Birthplace, *France*

● Name of Medical Attendant, or other Person who makes this Return. *Catherine Horvath*

Address, *N^o 1517 Byrds st*

Remarks, *New*

RETURN OF A BIRTH 91289

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) white

3. Date of Birth, Jan 10th

4. Place of Birth, (Street and Number) 65 Harrison St

5. Full Name of Mother, Yetta Friedman

6. Mother's Maiden Name, Yetta Bookes

7. Mother's Birthplace, Poland

8. Full Name of Father, Abram Friedman

9. Father's Occupation, Shoemaker

10. Father's Birthplace, Poland

Name of Medical Attendant, or other Person who makes this Return, David V. Moyer M.D.

Address, 728 Annapolis St

Remarks, City

RETURN OF A BIRTH 91290

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Third
Female

1. Sex, (state whether male or female).

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Jan 10th 1887

4. Place of Birth, (Street and Number)

416 Bgm St ad number

5. Full Name of Mother,

Emma F Courtice

6. Mother's Maiden Name,

Robert

7. Mother's Birthplace,

England

8. Full Name of Father,

Fredrick W Courtice

9. Father's Occupation,

Mechanics

10. Father's Birthplace,

England

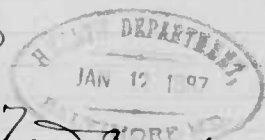
Name of Medical Attendant, or other Person who makes this Return

J. H. Busey

Address,

76 A Rose St

Remarks,



RETURN OF A BIRTH. 91291

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

10th

Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth

Jan 10th 1887

4. Place of Birth, (Street and Number)

Fairmount

5. Full Name of Mother,

Annie E. Mc Cormac

6. Mother's Maiden Name,

Davis

7. Mother's Birthplace,

Somerset Co Md

8. Full Name of Father,

John Henry Mc Cormac

9. Father's Occupation,

Bay Capt

10. Father's Birthplace,

Somerset Co Md

Name of Medical Attendant, or other Person who makes this Return.

W. A. Davenport

Address,

225 S Anna St

Remarks,

Mother & Baby doing well



for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 91292

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1

Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

Colored

3. Date of Birth,

10 Jan 1887

4. Place of Birth, (Street and Number)

Bethel Row

5. Full Name of Mother,

Mary Jane Parran

6. Mother's Maiden Name,

Mary Jane Waller

7. Mother's Birthplace,

Salisbury Wd.

8. Full Name of Father,

Jamaick Parran

9. Father's Occupation,

Laborer

Father's Birthplace,

Baltimore City

Name of Medical Attendant, or other Person who makes this Return.

Harriet Jackson

Address,

14 Lyngsted St

Remarks,

For each offense it is recovered as under fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *the 4*

1. Sex (state whether male or female),

2. Race or Color (if not of the white race),

3. Date of Birth, *January the 10*

4. Place of Birth (Street and Number), *1109 South Bacca*

5. Full Name of Mother, *Eizzie Herrmann.*

6. Mother's Maiden Name, *Eizzie Leffertshall*

7. Mother's Birthplace, *Pennsylvania*

8. Full Name of Father, *Friedrich W. Herrmann.*

9. Father's Occupation, *Cabinet maker.*

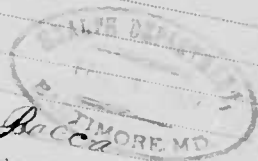
10. Father's Birthplace, *Germany.*

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks,

*Mrs. Minck
100 Madison St.*



CORRECTION

**The preceding document has been re-
photographed to assure legibility and its
image appears immediately hereafter.**

RETURN OF A BIRTH *9/29/3*

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *the 4*

1. Sex (state whether male or ~~female~~),

2. Race or Color (if not of the white race),

3. Date of Birth, *January the 10*

4. Place of Birth (Street and Number), *1109 South Bacca*

5. Full Name of Mother, *Lizzie Herrmann.*

6. Mother's Maiden Name, *Lizzie Jefferthall*

7. Mother's Birthplace, *Pennsylvania*

8. Full Name of Father, *Friedrich M. Herrmann*

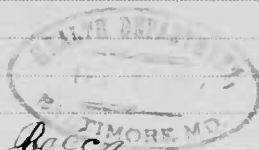
9. Father's Occupation, *Cabinet maker.*

10. Father's Birthplace, *Germany.*

Name of Medical Attendant, *or other person who makes this Return.* *Mrs. Minch.*

Address, *100 Sadenhall St.*

Remarks,



This card is to be filled out by the Registrar of Vital Statistics, Baltimore City, and is to be returned to the Registrar of Vital Statistics, Baltimore City.

RETURN OF A BIRTH 91294

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, ~~2d~~, ~~3d~~, &c.)

1. Sex (state whether ~~male~~ or female),

2. Race or Color (if not of the white race),

3. Date of Birth, January 10th 1887

4. Place of Birth (Street and Number), No. 432 Hanover St.

5. Full Name of Mother, Emilia Kaiss.

6. Mother's Maiden Name, Emilia Seppenbrock

7. Mother's Birthplace, Baltimore Md.

8. Full Name of Father, Geo. M. Kaiss.

9. Father's Occupation, Barber

10. Father's Birthplace, Baltimore Md.

Name of Medical Attendant, or other person who makes this Return, Mrs. Minch.

Address, No. 800 Leadenhall St.

Remarks,

Balt. Md.



For each officer, to be recovered as other laws and regulations are recoverable.

RETURN OF A BIRTH 91295

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex (state whether male or female),

Female

2. Race or Color (if not of the white race),

White

3. Date of Birth,

January 18 1884

4. Place of Birth (Street and Number),

Bruce St. No. 104

5. Full Name of Mother,

Laura Smith

6. Mother's Maiden Name,

Laura Hess

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

William Smith

9. Father's Occupation,

Cabier

10. Father's Birthplace,

Baltimore

Name of Medical Attendant. or other person who makes this Return.

Mrs. S. Galloway

Address,

No. 16 23rd St.

Remarks,

RETURN OF A BIRTH ⁹¹²⁹⁶

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1 1887

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) Caucasian

3. Date of Birth, January 10 1887

4. Place of Birth, (Street and Number) 1400 N. Broadway

5. Full Name of Mother, Mary Smith

6. Mother's Maiden Name, Mary Smith

7. Mother's Birthplace, Poland

8. Full Name of Father, Charles Smith

9. Father's Occupation, Carpenter

10. Father's Birthplace, Poland

Name of Medical Attendant, or other Person who makes this Return. Dr. J. W. Wilson

Address, 1400 N. Broadway

Remarks,

for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 91297

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

3d

Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

white

3. Date of Birth

Jan'y 10th 1887

4. Place of Birth, (Street and Number)

No 199 W. Fayette St old no.

5. Full Name of Mother,

Mrs Clara Bobbitt

6. Mother's Maiden Name,

Treacle

7. Mother's Birthplace,

Virginia

8. Full Name of Father,

Mrs. L. Bobbitt. Granville Co N.C.

9. Father's Occupation,

Travelling Salesman

10. Father's Birthplace,

Granville Co N.C.

Name of Medical Attendant, or other Person who makes this Return.

Arthur Atkinson

Address,

Office 65 N Charles st

Remarks,

8th day had serious chill, with abundant flow of pus & blood, followed by very high temp. doing better now

RETURN OF A BIRTH 91298

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *3d*
1. Sex, (state whether male or female) *Female*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *Jan 10th 1887*
4. Place of Birth, (Street and Number) *96 Parkin St.*
5. Full Name of Mother, *Agnes Edgeworth Howard*
6. Mother's Maiden Name, *Saff*
7. Mother's Birthplace, *Baltimore*
8. Full Name of Father, *Jas H Howard*
9. Father's Occupation, *Laborer*
10. Father's Birthplace, *Baltimore*
11. Name of Medical Attendant, or other Person who makes this Return, *H. W. Webber M.D.*
- Address, *814 W. Lombard St.*
- Remarks,

for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 9/299

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th

Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth. Jan 10th / 87 -

4. Place of Birth, (Street and Number) 638 N. Eilman

5. Full Name of Mother, Kate C.

6. Mother's Maiden Name, Caldwell

7. Mother's Birthplace, Lynn - Mass -

8. Full Name of Father, H. H. Goldschlager

9. Father's Occupation, Lawyer

10. Father's Birthplace, Boston - Md -

Name of Medical Attendant, or other Person who makes this Return.

R. H. Goldsmith - M.D.

Address,

Harbor av & Calhoun St

Remarks,



RETURN OF A BIRTH 91300

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

four children

Sex, (state whether male or female)

girl

2. Race or Color, (if not of the white race)

colored

3. Date of Birth,

January the 10th 1886

4. Place of Birth, (Street and Number)

oxford street 514

5. Full Name of Mother,

Lizzie Gale

6. Mother's Maiden Name,

Lizzie Pace

7. Mother's Birthplace,

Winchester Virginia

8. Full Name of Father,

Elisha gail

9. Father's Occupation,

water

10. Father's Birthplace,

lisel county merland

Name of Medical Attendant, or other Person who makes this Return.

Dr. Mary J. F. F.

Address,

514 W. B. F. F.

Remarks,

or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH *9/13 01*

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

3rd

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

Color 29

3. Date of Birth,

Jan 10th 1887

4. Place of Birth, (Street and Number)

117 Female Prison

5. Full Name of Mother,

Lena Carter

6. Mother's Maiden Name,

Lena Carter

7. Mother's Birthplace,

Charles County

8. Full Name of Father,

William Carter

9. Father's Occupation,

Steward

10. Father's Birthplace,

Baltimore Md

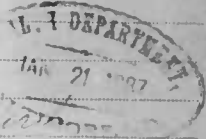
Name of Medical Attendant, or other Person who makes this Return.

Angeline Wilson

Address,

314 W. Howard

Remarks,



Report this birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 91302

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st.

1. Sex, (state whether male or female) male

2. Race or Color, (if not of the white race) white

3. Date of Birth, Jan. 10th 1887

4. Place of Birth, (Street and Number) 38 Eastern Ave.

5. Full Name of Mother, Marie Jelonis

6. Mother's Maiden Name, _____

7. Mother's Birthplace, Italy

8. Full Name of Father, Francisco Jelonis

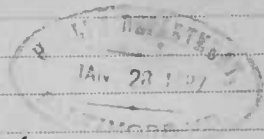
9. Father's Occupation, Laborer

10. Father's Birthplace, Italy

Name of Medical Attendant, or other Person who makes this Return, Mrs. C. Bernstein

Address, 122 S. Euter st.

Remarks, _____



RETURN OF A BIRTH 91353

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

First

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Dec. 10th 1886

4. Place of Birth, (Street and Number)

201 N. Charles Street (Old to)

5. Full Name of Mother,

Mellie MacKenzie Tabb

6. Mother's Maiden Name,

Mellie MacKenzie

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

J. Rosen Tabb.

9. Father's Occupation,

Merchant

10. Father's Birthplace,

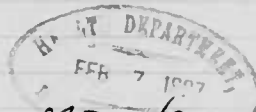
Virginia

Name of Medical Attendant, or other person who makes this Return

A. P. Gilmore

Address, 814 Park Avenue

Remarks,



RETURN OF A BIRTH 91304

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *First*

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *Jan. 10 - '89*

4. Place of Birth, (Street and Number) *Maternity Home 3 W. Franklin St.*

5. Full Name of Mother, *Rizzie Nicholas*

6. Mother's Maiden Name, *Do.*

7. Mother's Birthplace, *Virginia*

8. Full Name of Father, *Ed. Johnson*

9. Father's Occupation, *"*

10. Father's Birthplace, *"*

Name of Medical Attendant, or other Person who makes this Return. *W. Spradling M.D.*

Address, *Maternity*

Remarks,

for each offense to be recovered as other laws and forfeitures are recoverable.

RETURN OF A BIRTH 9/30/87

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female)

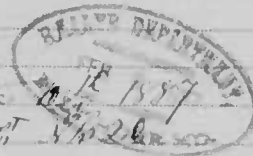
Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

January the 20th



4. Place of Birth, (Street and Number)

Baltimore Light St

5. Full Name of Mother,

Mary Ellen Young

6. Mother's Maiden Name,

Mary Ellen Brooks

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

William George Young

9. Father's Occupation,

Labourer

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return.

E. J. Kelly

Address,

1825 Light St

Remarks,

Living well

RETURN OF A BIRTH 91306

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

● Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

● Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,



for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 91357

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *3rd*

Sex, (state whether male or female) *Female*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *Aug 10/87*

4. Place of Birth, (Street and Number) *141 S. Green St*

5. Full Name of Mother, *Margaret C. Young*

6. Mother's Maiden Name, *in Campbell*

7. Mother's Birthplace, *Texas*

8. Full Name of Father, *Wm. J. Young*

9. Father's Occupation, *Minister*

10. Father's Birthplace, *city*

Name of Medical Attendant, or other Person who makes this Return. *Wm. D. Blair*

Address, *141 S. Green St*

Remarks,



for each offense to be recovered as other fees and forfeitures are recoverable.

RETURN OF A BIRTH ⁹¹³⁰⁸

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2d

Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

January 10, 1887

4. Place of Birth, (Street and Number)

For Biddle & Richmond St.

5. Full Name of Mother,

William S. Smart

6. Mother's Maiden Name,

W. S. Smart

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Charles R. Smart

9. Father's Occupation,

Retired Employee

Father's Birthplace,

Baltimore

Name of Medical Attendant,

or other Person who makes this Return

W. B. Williams

Address,

700 Madison Ave

Remarks,

With this report shall be forwarded to the Registrar of Vital Statistics, Baltimore City, a fee of ten cents for each return, to be recovered as other fines and penalties are recoverable. Any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offense, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH.

91309

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 10th

1. Sex (~~Male~~ whether Male or Female) _____

2. Race or Color (~~if not~~ of the white race) _____

3. Date of Birth Jan 11th 1887

4. Place of Birth (Street and Number) 89 Columbia Ave (Old No)

5. Full Name of Mother Mary Louisa Warfield

6. Mother's Maiden Name Smith

7. Mother's Birthplace Belt

8. Full Name of Father David Abram Warfield

9. Father's Occupation Not Recd

Father's Birthplace Belt

Name of Medical Attendant, or other Person who makes this Return. Oliver Price M.D.

Address 953 Madison Ave

Remarks _____

of the parents, and the maiden names of the mother of such child or children.

RETURN OF A BIRTH 91310

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

One Child

Sex, (state whether male or female)

Male

Race or Color, (if not of the white race)

White

Date of Birth,

Jan 14 1887

Place of Birth, (Street and Number)

194 West 1st St

Full Name of Mother,

Mary Smith

Mother's Maiden Name,

Mary Peterson

Mother's Birthplace,

Baltimore

Full Name of Father,

William Smith

Father's Occupation,

Labor

Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return.

Lucinda Woolford

Address,

130 or 132 Regester St

Remarks,



Persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH, 91311

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1
1. Sex (state whether male or female) Female
2. Race or Color, (if not of the white race) Colored
3. Date of Birth January 11, 1897
4. Place of Birth, (Street and Number) Baltimore St 14 South 1st
5. Full Name of Mother Luna E. Williams
6. Mother's Maiden Name Same E. Swann
7. Mother's Birthplace Baltimore
8. Full Name of Father George William
9. Father's Occupation Ch. 1st field
10. Father's Birthplace Black River
- Name of Medical Attendant, or other Person who makes this Return. Harriet Britain
- Address 90 Holladay St New Number 14. 18.
- Remarks

RETURN OF A BIRTH ⁹¹³¹²

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

One child

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

Colored

3. Date of Birth,

Jan 11

4. Place of Birth, (Street and Number)

1730 McCubbin

5. Full Name of Mother,

Mary Hall

6. Mother's Maiden Name,

Mary Anderson

7. Mother's Birthplace,

Leathes Co Va Pull back

8. Full Name of Father,

Moses Hall

9. Father's Occupation,

Labor

10. Father's Birthplace,

Lancaster Co Va

Name of Medical Attendant, or other Person who makes this Return.

Lucinda Woodford

Address,

131 CR #32 Fayette

Remarks,



Report as to whether the child is born alive, and whether it is a male or female, shall be subject to the fine of ten (\$10) dollars for each offense in the case of the Registrar, and for each offense in the case of the Medical Attendant, or other Person who makes this Return.

RETURN OF A BIRTH ^{9/3/3}

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. Sex, (state whether male or female) male

2. Race or Color, (if not of the white race) white

3. Date of Birth, Jan 11th 1887

4. Place of Birth, (Street and Number) Randall St I Locust from Harb

5. Full Name of Mother, Jemima Peters

6. Mother's Maiden Name, Jemima Bloomer

7. Mother's Birthplace, Frederic city md

8. Full Name of Father, Charles Peters

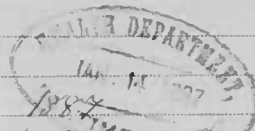
9. Father's Occupation, Freight Gen on B. & O. R. R.

10. Father's Birthplace, W. Va

Name of Medical Attendant, or other Person who makes this Return, Elizabeth Hinton

Address, 16 1737 1st Charles Street

Remarks, _____



report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.)

7th (91314)

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

January

4. Place of Birth, (Street and Number)

24 W. Eden

5. Full Name of Mother,

Amelia Aubrey

6. Mother's Maiden Name,

Medford

7. Mother's Birthplace,

Annapolis A. A. Co Md

8. Full Name of Father,

J. O. Aubrey

9. Father's Occupation,

Oyster Packer

10. Father's Birthplace,

Baltimore Md

Name of Medical Attendant, or other Person who makes this return

J. B. Schwatka M.D.

Address,

933 N. Broadway

Remarks,



study of the parent or parents of who is called to report as such for the purpose of tracing, in the instance of illegitimate births, the birth and death of the child and the names of the parents of illegitimate children shall be subject to a fine of ten dollars for each offense, to be recovered, as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2

(91315)

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

3. Date of Birth,

11th of January

4. Place of Birth, (Street and Number)

23. Wilson St.

5. Full Name of Mother,

Lizzie Link

6. Mother's Maiden Name,

Jacob

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Adam Link

9. Father's Occupation,

Editor

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return.

Sarah Casper

Address,

1016 E. Lombard St.

Remarks,

or persons who shall disregard, fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 91316

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex (state whether male or female),

2. Race or Color (if not of the white race),

3. Date of Birth,

4. Place of Birth (Street and Number),

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

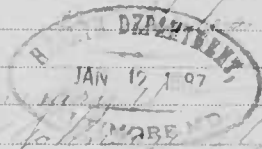
9. Father's Occupation,

10. Father's Birthplace,

11. Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks,



who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (\$10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 91317

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2nd*

1. Sex, (state whether male or female) _____

2. Race or Color, (if not of the white race) _____

3. Date of Birth, _____

4. Place of Birth, (Street and Number) _____

5. Full Name of Mother, _____

6. Mother's Maiden Name, _____

7. Mother's Birthplace, _____

8. Full Name of Father, _____

9. Father's Occupation, _____

10. Father's Birthplace, _____

Name of Medical Attendant, or other Person who makes this Return. *Wheeler Coker M.D.*

Address, *578 Hancock St. Rm 213*

Remarks, _____

Handwritten notes and stamps:
 Baltimore City Department of Health
 JAN 1 1891
 Baltimore, Md.
 James M. [illegible]
 Francis O. [illegible]
 " " " " " " " "
 Frank J. [illegible]
 Commissioner of Health
 Cecil W. [illegible]
 578 Hancock St. Rm 213

Persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 91318

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4.

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, Jan 12 1887

4. Place of Birth, (Street and Number) 1141 N. 1st St. Baltimore

5. Full Name of Mother, Elizabeth Stracke Feltman

6. Mother's Maiden Name, "

7. Mother's Birthplace, Maryland

8. Full Name of Father, Joseph Feltman

9. Father's Occupation, Tailor

10. Father's Birthplace, Me.

Name of Medical Attendant, or other Person who makes this Return, Dr. C. J. Zimmerman

Address, Broadway, Baltimore

Remarks, Infant was premature

Report the birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 91319

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

3rd

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

white

3. Date of Birth,

Jan. 11 / 87

4. Place of Birth, (Street and Number)

120 S. Collington av.

5. Full Name of Mother,

Emma Porvace

6. Mother's Maiden Name,

" Rabbit

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Frank Porvace

9. Father's Occupation,

Oysterman

10. Father's Birthplace,

Waco.

Name of Medical Attendant, or other Person who makes this return.

Rev. Mansfield M.D.

Address,

129 So Broadway

Remarks,

or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other dues and forfeitures are recoverable.

RETURN OF A BIRTH 91320

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,



January 17th 1887
119 Columbia St.
Wilhelmina Loeschke
Wilhelmina Bucher
Baltimore
Paul Richard Julius Loeschke
Gold & Silver - Beater
Dresden - Germany
Mrs W. Mame L. Midwife
No 12 Pearl Str.

RETURN OF A BIRTH 91321

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 Myer

Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, Jan 14, 1887

4. Place of Birth, (Street and Number) 64 Central Market St. S. C.

5. Full Name of Mother, Rosie Krulowitz

6. Mother's Maiden Name, Rosie Krulowky

7. Mother's Birthplace, Russia

8. Full Name of Father, Benjamin Krulowitz

9. Father's Occupation, Storekeeper

10. Father's Birthplace, Russia

Name of Medical Attendant, or other Person who makes this Return. Dr. Sherman

Address, 116 Remond St. N. 123.

Remarks,

the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (\$10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 91322

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 71611

1. Sex (state whether male or female), Male

2. Race or Color (if not of the white race),

3. Date of Birth, May 29 1902

4. Place of Birth (Street and Number),

5. Full Name of Mother, Emma M. Thompson

6. Mother's Maiden Name, Thompson

7. Mother's Birthplace, America

8. Full Name of Father, Henry M. Thompson

9. Father's Occupation, Barber

10. Father's Birthplace, America

Name of Medical Attendant, or other person who makes this Return, J. L. Thompson

Address, 1032 Cassin St.

Remarks,

Register, printed and circulated by the Registrar, is to be secured by the person or persons of each child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 91323

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th Child

1. Sex (state whether ~~male or~~ female),
2. Race or Color (if not of the white race), White
3. Date of Birth, January the 11, 1898
4. Place of Birth (Street and Number), S. Eden St. No 412. new.
5. Full Name of Mother, Amie Edelman
6. Mother's Maiden Name, Amie Litch
7. Mother's Birthplace, Balt. City
8. Full Name of Father, John Edelman
9. Father's Occupation, Laborer
10. Father's Birthplace, Balt. City

Name of Medical Attendant, Mary E. Hüller or other person who takes this Return.

Address, N. Dallas St. No 116

Remarks,

9132
91324

the attendance upon his mother, immediately thereafter it shall become the duty of the parent or parents of such child to report his birth to the Commissioner of Health, in the manner and within the period above required, and any such person who fails to do so shall be deemed to be in violation of the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other laws and ordinances are recoverable,

4-11-19

10. *Chrysomelidae*

Colard

June 11th

1015 Henry Street

Laura Knorr

2002

Ball's Bluff, Md.

Answer yes or no

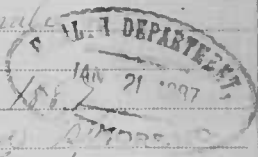
Galver

Baltimore Md

Amel' 2/18

3/4 S. Howard 21

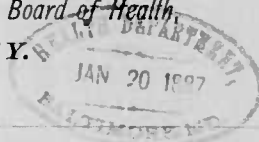
by & Co., City Printers and Stationers.



RETURN OF A BIRTH.

91325

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race)

3. Date of Birth

4. Place of Birth (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

Jan 11th 1887
1336 N. Gilmer
Nellie Leuning Stockdale
Love
Wearford Co. Md.
Thomas Leuning Stockdale
Car. Driver & Conductor
Balt.
Elias C. Price, D.
953 Madison Ave

Report the birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 91326

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *First*

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *Jan. 1, 1877*

4. Place of Birth, (Street and Number) *#750 Federal St.*

5. Full Name of Mother, *Margaret Louise Hill*

6. Mother's Maiden Name, *Margaret Louise Crawford*

7. Mother's Birthplace, *Blimaden Ireland*

8. Full Name of Father, *Richard Hill*

9. Father's Occupation, *machinist*

10. Father's Birthplace, *Cross Green Leicestershire Co. Eng.*

Name of Medical Attendant, or other Person who makes this Return. *Dr. George F. Stetson*

Address, *Cor. Calver & Fannin Sts.*

Remarks, *city*

RETURN OF A BIRTH. 91327

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth

January 11, 1889

4. Place of Birth, (Street and Number)

No 26, N. 2d St.

5. Full Name of Mother,

Cath Kelly

6. Mother's Maiden Name,

Cath Hughes

7. Mother's Birthplace,

Phila

8. Full Name of Father,

Mich Kelly

9. Father's Occupation,

Manufacturer

10. Father's Birthplace,

Phila

Name of Medical Attendant, or other Person who makes this Return.

C H Patterson M.D.

Address,

19 Franklin St

Remarks,



report its birth to the Commissioner of Health, in the manner and within the period above required, and in case of failure to do so, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

91328
91328

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

First,

1. Sex, (state whether male or female)

Male,

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Jan. 11th 1887

4. Place of Birth, (Street and Number)

Hagerstown, 1134 115 W. Lombard St

5. Full Name of Mother,

Rose Wyatt,

6. Mother's Maiden Name,

Do.

7. Mother's Birthplace,

New York.

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

R. F. Oakman M.D.

Address,

1134 115 W. Lombard St

Remarks,

Report the birth to the Commissioner of Health in the manner and within the period above required, and any such person or persons who fail to do so, or who furnish false information, shall be liable to a fine of ten (\$10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

Missing 91329-91343,
incl.

RETURN OF A BIRTH 9134

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7

91344

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

January 12 " 1887

4. Place of Birth, (Street and Number)

N^o 128 East Ave. near

5. Full Name of Mother,

Pauline Ulman

6. Mother's Maiden Name,

Pauline Kragle

7. Mother's Birthplace,

Germany

8. Full Name of Father,

Anton Ulman

9. Father's Occupation,

Laborer

10. Father's Birthplace,

Germany

Name of Medical Attendant, or other Person who makes this Return.

Catharine Horning

Address,

New N^o 1517 Byrd st

Remarks,

For the attendance upon it is provided, immediately thereafter it shall become the duty of the person or persons of such a kind in respect to the birth to the Commissioner of Health, in the person or persons of such a kind, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subject to the fine of \$10 (ten dollars) for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *3rd Child* 91345

1. Sex, (state whether male or female) *Girl*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *12th of January 1881*

4. Place of Birth, (Street and Number) *412 North Wolf Street*

5. Full Name of Mother, *Ida Stuart*

6. Mother's Maiden Name, *Ida Glumb*

7. Mother's Birthplace, *Baltimore*

8. Full Name of Father, *Nick Glumb*

9. Father's Occupation, *Sart Sharpen*

10. Father's Birthplace, *Baltimore*

Name of Medical Attendant, or other Person who makes this Return, *Crescentia Kunkel*

Address, *213 North Chapel Street for Justina Kunkel*

Remarks, *Healthy*

be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child to report its birth to the Commissioner of Health, within the period above required, and any such person who fails to do so, shall be liable to a fine of ten dollars, and any other fines and forfeitures are recoverable.

RETURN OF A BIRTH

91346

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

5th

91346

1. Sex, (state whether ~~male~~ or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

Jan 12th

4. Place of Birth, (Street and Number)

387 N Gay St old number

5. Full Name of Mother,

Jessie Christina Bower

6. Mother's Maiden Name,

Jessie Christina Routh

7. Mother's Birthplace,

Baltimore City

8. Full Name of Father,

George Thomas Barnes

9. Father's Occupation,

Painter

10. Father's Birthplace,

Baltimore City

Name of Medical Attendant, or other Person who makes this Return.

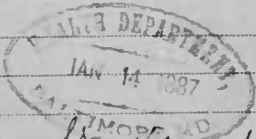
E. J. Walls

Address,

13 W Preston St

Remarks,

be in attendance upon the mother, immediately thereafter it shall be the duty of the person or persons of such child to report the birth to the Commissioner of Health, within the time and place required, and any such person or persons failing to do so shall be liable with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered.



RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st 91347
1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth Jan'y 12 1887
4. Place of Birth, (Street and Number) 486 Franklin
5. Full Name of Mother, Jeremie L. Sashart
6. Mother's Maiden Name, " " Lucie
7. Mother's Birthplace, Carmell Co Ind.
8. Full Name of Father, Jno H. J. Sashart
9. Father's Occupation, Medical Student
10. Father's Birthplace, Carmell Co Ind.
Name of Medical Attendant, or other Person who makes this Return. J Harvey Hill M.D.
Address, 807 Lexington Ave
Remarks,

Birth of any child shall occur without the attendance of a physician or medical attendant, or both, or any other person, who shall become the duty of the person or persons of such child, to be in attendance upon the mother, and to be in the manner and within the period above required, and any such person who shall fail to comply with the provisions of this section, shall be subject to the fine of ten (10) dollars for each offence to be recovered.

RETURN OF A BIRTH. ⁹¹³

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

4th 91348

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth

Jan

4. Place of Birth, (Street and Number)

No 261 Franklin St

5. Full Name of Mother,

Ella Kearns Coakley

6. Mother's Maiden Name,

Ella Kearns

7. Mother's Birthplace,

Baltimore Md

8. Full Name of Father,

William Coakley

9. Father's Occupation,

Hack man

10. Father's Birthplace,

Baltimore Md

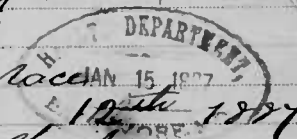
Name of Medical Attendant, or other Person who makes this Return

Mar Kate Cross

Address,

No 728 Poplar St

Remarks,



Birth of any child shall occur without the attendance of a physician or practitioner of medicine, or without the child being reported to the Registrar of Vital Statistics, by the person or persons of such child, to be in attendance upon the mother, immediately thereafter, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered.

be in attendance upon the mother, immediately thereafter to shall receive the duty of the person of such child to
to the Commissioner of Health, in the manner and within the period above required, and any such person
or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars
for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, ~~2nd~~ ~~3rd~~ ~~4th~~ ~~5th~~ ~~6th~~ ~~7th~~ ~~8th~~ ~~9th~~ ~~10th~~ ~~11th~~ ~~12th~~ ~~13th~~ ~~14th~~ ~~15th~~ ~~16th~~ ~~17th~~ ~~18th~~ ~~19th~~ ~~20th~~ ~~21st~~ ~~22nd~~ ~~23rd~~ ~~24th~~ ~~25th~~ ~~26th~~ ~~27th~~ ~~28th~~ ~~29th~~ ~~30th~~ ~~31st~~ ~~32nd~~ ~~33rd~~ ~~34th~~ ~~35th~~ ~~36th~~ ~~37th~~ ~~38th~~ ~~39th~~ ~~40th~~ ~~41st~~ ~~42nd~~ ~~43rd~~ ~~44th~~ ~~45th~~ ~~46th~~ ~~47th~~ ~~48th~~ ~~49th~~ ~~50th~~ ~~51st~~ ~~52nd~~ ~~53rd~~ ~~54th~~ ~~55th~~ ~~56th~~ ~~57th~~ ~~58th~~ ~~59th~~ ~~60th~~ ~~61st~~ ~~62nd~~ ~~63rd~~ ~~64th~~ ~~65th~~ ~~66th~~ ~~67th~~ ~~68th~~ ~~69th~~ ~~70th~~ ~~71st~~ ~~72nd~~ ~~73rd~~ ~~74th~~ ~~75th~~ ~~76th~~ ~~77th~~ ~~78th~~ ~~79th~~ ~~80th~~ ~~81st~~ ~~82nd~~ ~~83rd~~ ~~84th~~ ~~85th~~ ~~86th~~ ~~87th~~ ~~88th~~ ~~89th~~ ~~90th~~ ~~91st~~ ~~92nd~~ ~~93rd~~ ~~94th~~ ~~95th~~ ~~96th~~ ~~97th~~ ~~98th~~ ~~99th~~ ~~100th~~ ~~101st~~ ~~102nd~~ ~~103rd~~ ~~104th~~ ~~105th~~ ~~106th~~ ~~107th~~ 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RETURN OF A BIRTH.

913
91350

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

2 Child

1. Sex (state whether Male or Female)

Female

2. Race or Color (if not of the white race)

W.

3. Date of Birth

January 13. 1887

4. Place of Birth (Street and Number)

171 (old) Chap. St.

5. Full Name of Mother

Helen E. D.

6. Mother's Maiden Name

Homan

7. Mother's Birthplace

?

8. Full Name of Father

Car. F. W. Hambrun

9. Father's Occupation

Merchant

10. Father's Birthplace

Germany

Name of Medical Attendant, or other Person who makes this Return.

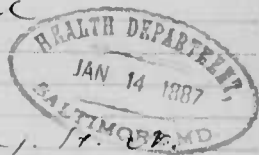
Christoph Johnston

Address

207 W. Franklin St.

Remarks

O.



of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH ⁷¹³⁵¹

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City. ⁹³⁵¹

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

January 15 1888

4. Place of Birth, (Street and Number)

N^o 98. Hamburg st.

5. Full Name of Mother,

Barbara Nagle

6. Mother's Maiden Name,

B. Dreft

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

John Nagle

9. Father's Occupation,

Carpenter

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return.

Catharine Horning

Address,

New N^o 1517 Byrd st

Remarks,

Be in attendance upon the mother, immediately thereafter, and receive the copy of the return or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

01352.
91352

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,

4th
St.
H.
Jan. 12th 1887.
1740 E. Boston St.
Mary E. Chester
Hickox
Belt
H. H. Chester
Gardner
Belt.
J. T. Reynolds, M.D.
722 Virginia St.



RETURN OF A BIRTH

913.53
71353

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race)

3. Date of Birth, 12th January 1887

4. Place of Birth, (Street and Number) 1217 Johnson St. Baltimore

5. Full Name of Mother, Mary L. Perkins

6. Mother's Maiden Name, Carroll

7. Mother's Birthplace, Baltimore

8. Full Name of Father, James Perkins

9. Father's Occupation, Laborer

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return, Elizabeth Jewell

Address, 516 Port ave

Remarks,

be in attendance upon the mother, immediately thereafter, and report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other laws and forfeitures are recoverable.

RETURN OF A BIRTH 91354

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *First*

1. Sex (state whether male or female), *Female*

2. Race or Color (if not of the white race), *White*

3. Date of Birth, *January 12th 1887*

4. Place of Birth (Street and Number), *West Pratt St No 1877*

5. Full Name of Mother, *Catharina Morrisett*

6. Mother's Maiden Name, *Catharina Decker*

7. Mother's Birthplace, *Baltimore, Md*

8. Full Name of Father, *William Morrisett*

9. Father's Occupation, *Pipe Fitter*

10. Father's Birthplace, *Richmond, Virginia*

Name of Medical Attendant, or other person who makes this Return, *Annie Lindner*

Address, *No 1068. Abasco St*

Remarks,

Signature of Registrar of Health, in the presence of the person or persons of such child to report, in birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 91355

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, Oct. 12/1886

4. Place of Birth, (Street and Number) 424 Chestnut St

5. Full Name of Mother, Louise H. H.

6. Mother's Maiden Name, Baldwin

7. Mother's Birthplace, Germany

8. Full Name of Father, George A. H. H.

9. Father's Occupation, Butcher

10. Father's Birthplace, Germany

Name of Medical Attendant, or other Person who makes this Return.

Address, 182 E. Monument St

Remarks, 1038 Acorn Run

be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such kind to report the birth of the child to the Registrar of Vital Statistics, within the period above required, and any such person who fails to do so shall be liable to a fine of ten dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 91356

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1
1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Jan 12 1887
4. Place of Birth, (Street and Number) 334 E. Maryland St
5. Full Name of Mother, Sophia Dahl
6. Mother's Maiden Name, Dahl
7. Mother's Birthplace, Balto Md
8. Full Name of Father, George Dahl
9. Father's Occupation, Sailor
10. Father's Birthplace, Balto
- Name of Medical Attendant, or other Person who makes this Return, Mrs K. W. Hill
- Address, 1302 Hollenback St
- Remarks,

Report the birth of the child to the Registrar of Health, in the presence of the mother, or of some other person who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

any person, immediately thereafter it shall become the duty of the person or persons of such child to report the birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 41357.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3^d

1. Sex (state whether male or female), male

2. Race or Color (if not of the white race), white

3. Date of Birth, Jan 12 1887

4. Place of Birth (Street and Number), old no 245 W. Biddle

5. Full Name of Mother, Florence J. Mohrly

6. Mother's Maiden Name, " " Stone

7. Mother's Birthplace, Md.

8. Full Name of Father, Mr. H. Mohrly

9. Father's Occupation, Mechanic

10. Father's Birthplace, Md.

Name of Medical Attendant, or other person who makes this Return, G. Lane Hanning

Address, 922 Madison Ave.

Remarks,

RETURN OF A BIRTH 91355.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether male or female),

2. Race or Color (if not of the white race),

3. Date of Birth,

4. Place of Birth (Street and Number),

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks,



933 Union St
Alice Bunder
John Stokely
Washington D.C.
John Bunder
Sailor on boat
West Hill Md
Annie Bunder
314 S Grand St

number, immediately thereafter it shall become the duty of the person or persons of such child to report its birth to the Commissioner of Health, in the manner and within the time required, and any such person or persons who shall hereafter fail to comply with the provisions of this law, shall be liable to a fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 91359

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether male or female),

2. Race or Color (if not of the white race),

3. Date of Birth,

4. Place of Birth (Street and Number),

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

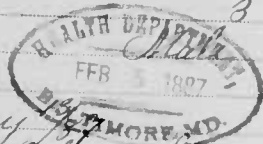
9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks,



January 13, 1887
No 372 Orleans St
Elka Holberg
Rothschill
Germany
Sigmund Holberg
Storkeeper
Germany
Mrs Louise Kraft
No 405 S Washington St

must be immediately therefor to obtain the day of the birth of the child, and the name of the child, and the name of the mother, and the name of the father, and the name of the medical attendant, and the name of the person who makes this return, and the name of the person who reports the birth to the Registrar of Vital Statistics, Board of Health, Baltimore City.

RETURN OF A BIRTH ^{9/13/60}

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

the first child

2. Race or Color, (if not of the white race)

female male

3. Date of Birth,

Race or color date of 13

4. Place of Birth, (Street and Number)

Place of Birth Street mederry 2154

5. Full Name of Mother,

Mary gray

6. Mother's Maiden Name,

Mary Thompson

7. Mother's Birthplace,

Baltimore City

8. Full Name of Father,

Thomas gray

9. Father's Occupation,

Baker

10. Father's Birthplace,

Tolbut County Md

Name of Medical Attendant,

or other Person who makes this Return

hanie Classer

Address,

mederry Street eastide

Remarks,

all going along well

day of the parent or person of such child, at the time of the birth, in the manner, and within the period above required, except in the case of the birth of a still-born child, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offense, to be recovered as other fines and penalties are recoverable.



RETURN OF A BIRTH ⁹¹³⁶¹

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

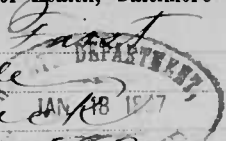
9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,



Jan. 13, 1887

*707 Vincent alley
Lena Hall*

(unmarried at 14 yrs)

Baltimore Md

unknown

unknown

unknown

W L Howard

New No 939/436 N Fayette St

Report its birth in the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 91362.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, Jan 17 1887

4. Place of Birth, (Street and Number) West Street 118

5. Full Name of Mother, Mary Jane Darnice

6. Mother's Maiden Name, Mary Jane Darnice

7. Mother's Birthplace, Cambridge Mass

8. Full Name of Father, Jacob Darnice

9. Father's Occupation, Laborer

10. Father's Birthplace, Cambridge Mass

Name of Medical Attendant, or other Person who makes this Return, Dr. J. H. Miller

Address, 1915 115

Remarks,

Report the birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with this requirement, shall be subjected to the fine of ten (10) dollars for each offense in so recovered as after fines and forfeitures are recoverable.

RETURN OF A BIRTH 71.363

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) female.

2. Race or Color, (if not of the white race) white

3. Date of Birth, Jan. 13th 1887

4. Place of Birth, (Street and Number) 174 1/2 Eastern Ave.

5. Full Name of Mother, May Antonie

6. Mother's Maiden Name,

7. Mother's Birthplace, Italy

8. Full Name of Father, Tony Antonie

9. Father's Occupation, Laborer

10. Father's Birthplace, Italy

Name of Medical Attendant, or other Person who makes this Return Mrs. C. Bernstein

Address, 122 S. Exeter st.

Remarks,

RETURN OF A BIRTH 91364

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, Jan 13th 1901

4. Place of Birth, (Street and Number) 415 E. Lombard St.

5. Full Name of Mother, Mrs. Florence J. Galt

6. Mother's Maiden Name, " " School

7. Mother's Birthplace, Baltimore

8. Full Name of Father, George J. Galt

9. Father's Occupation, Truck Driver

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return, Mrs. J. Galt

Address, 415 E. Lombard St.

Remarks,

Be the parentage upon the child, and within the period above required, and any such person report the child to the Registrar of Health, in the manner and within the period above required, and any such person who fails to do so shall be liable to a fine of ten (\$10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

Report his birth to the Commissioner of Health. In the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other laws and ordinances are recoverable.

January 13 1887
RETURN OF A BIRTH. 91365

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth

January the 13

4. Place of Birth, (Street and Number)

Lee St No 624

5. Full Name of Mother,

Lana Pulwarth

6. Mother's Maiden Name,

Lana Russell

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Oliver Pulwarth

9. Father's Occupation,

Housewife

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return.

R. M. Carkey

Address,

Heath St No 213

Remarks,

Living well



RETURN OF A BIRTH

91366

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd Child

1. Sex (state whether male or female),

2. Race or Color (if not of the white race), White

3. Date of Birth, January the 13. 1887.

4. Place of Birth (Street and Number), Hiles St. N^o 915 new.

5. Full Name of Mother, Lizzie Hayes

6. Mother's Maiden Name, Lizzie Fitzgerald

7. Mother's Birthplace, County Limerick N. H. Gr. Brit. Europe

8. Full Name of Father, John A Hayes

9. Father's Occupation, Engineer

10. Father's Birthplace, Baltimore City

Name of Medical Attendant, or other person who makes this Return.

Harry E. Müller

Address, N. Dallas St. N^o 114 new

Remarks,

The Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this act, shall be liable to a fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH ⁹¹³⁶⁷

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

3rd

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

W

3. Date of Birth,

Jan 13

4. Place of Birth, (Street and Number)

1131 Sharp St.

5. Full Name of Mother,

Augusta Niccum

6. Mother's Maiden Name,

Subo

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Aug. Niccum

9. Father's Occupation,

Mechanic

10. Father's Birthplace,

Hamburg Prussia

Name of Medical Attendant, or other Person who makes this Return.

Mary Koch

Address,

1328 S. Centre St.

Remarks,



Persons who shall hereafter fail to comply with the provisions of this section, shall be subject to the fine of ten (10) Dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 91368.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2, 2nd

1. Sex, (state whether male or female). Male - George F. Weighardt

2. Race or Color, (if not of the white race) W.

3. Date of Birth, Aug. 13th 1928

4. Place of Birth, (Street and Number) 1207 E. Baltimore St.

5. Full Name of Mother, Maria Picchurri

6. Mother's Maiden Name, " Picchurri

7. Mother's Birthplace, Germany

8. Full Name of Father, Michael Picchurri

9. Father's Occupation, Electrician

10. Father's Birthplace, Germany

Name of Medical Attendant, or other Person, who makes this Return, J. M. C. Barry

Address, 1110 E. Baltimore St.

Remarks, Full given name added from application from father, filed by

Reg. No. 91368

Birth Index Card Sept 18-1928



Persons who shall hereafter fail to comply with the provisions of this section, shall be subject to the fine of ten [10] dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 91369

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Fifth Child

Sex (state whether male or female),

Female

2. Race or Color (if not of the white race),

White

3. Date of Birth,

January 13 " 1887

4. Place of Birth (Street and Number),

No. 173 Bank

5. Full Name of Mother,

Elizabeth Inloes

6. Mother's Maiden Name,

Elizabeth Ball

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Joseph Inloes

9. Father's Occupation,

Engineer

Father's Birthplace,

Baltimore

Name of Medical Attendant, or other person who makes this Return.

Mrs. Wilby

Address,

No 811 Patterson Park.

Remarks,

who shall hereafter fail to comply with the provisions of this act, shall be subjected to the fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

Registrar of Vital Statistics, Board of Health, Baltimore City.

Anthony Doemling

(state whether 1st, 2d, 3d, &c.) *1st Child*

Male or female) *Boy*

of the white race) *NA*

12th of January 1887

and Number)

404 North Calvert Street

Maggie Stichel Doemling
Maggie Doemling
Germany

George Doemling Doemling
Tailor
Baltimore

Parent, other Person who
declares this Return.

Crescentia Kunkel

3 North Chapel Street per Crescentia Kunkel
17th
3-16-87

duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period, also required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offense, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH ⁹¹³⁷⁰

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,

3d
FEMALE DEPARTMENT
JAN 24 1892
JAN 24 1892

Female
White
Jan 23 1892
1708 E. Preston St.

Florence Cassis

Brown

Illinois

E. H. Cassis

Builder

Maryland

J. B. Schwatka M.D.
933 N. Broadway

or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 9137

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,

RETURN OF A BIRTH 91372

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,

3d
G.
W.
Jan. 15 1887
1524 Hazard Ave
Josephine Carter Chalk
Carter
Balt. Co.
Joseph Chalk
Grover
Balt.
H. T. Reynolds, M.D.
722 Disque St.

RETURN OF A BIRTH ⁹¹³⁷³

To the Office of Registrar of Vital Statistics. Board of Health, Baltimore City.

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.)

1. Sex. (state whether male or female) *male*

2. Race or Color. (if not of the white race)

3. Date of Birth.

4. Place of Birth. (Street and Number)

5. Full Name of Mother.

6. Mother's Maiden Name.

7. Mother's Birthplace.

8. Full Name of Father.

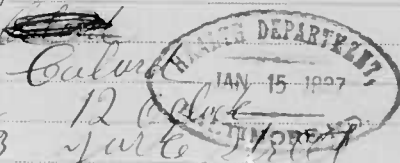
9. Father's Occupation.

10. Father's Birthplace.

Name of Medical Attendant, or other Person who makes this Return

Address.

Remarks.



13 January 12
103 Yarto
Maunie Driver
Yarto Street
Jessie Cumies
Brickmaker
Baltimore Louis Street
Anna Johnson
110 China St

RETURN OF A BIRTH 91374

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *First*

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *Dec: 18th 1886*

4. Place of Birth, (Street and Number) *S.E. corner Cathedral & Monument Sts*

5. Full Name of Mother, *Mina Mina Reid*

6. Mother's Maiden Name, *Mena Reid*

7. Mother's Birthplace, *France*

8. Full Name of Father, *Andrew M. Reid*

9. Father's Occupation, *Merchant*

10. Father's Birthplace, *Baltimore*

Name of Medical Attendant, or other Person who makes this Return *H.P. Wilson*

Address, *814 Park Avenue*

Remarks.



RETURN OF A BIRTH 91375

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

First

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Jan 13th 1887

4. Place of Birth, (Street and Number)

547 N. Euter St.

5. Full Name of Mother,

Margaret Abbott

6. Mother's Maiden Name,

" Booth

7. Mother's Birthplace,

Maryland

8. Full Name of Father,

George Abbott

9. Father's Occupation,

Labour

10. Father's Birthplace,

Maryland

Name of Medical Attendant, or other Person who makes this Return

Samuel Bell M.D.

Address,

134 N. Euter St.

Remarks,

Persons who shall hereafter fail to comply with the provisions of this section, shall be liable to the fine of ten (\$10) dollars for each offense to be recovered as under a law and forfeitures are hereby made.

RETURN OF A BIRTH ⁹¹³⁷⁶

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *4th*

1. Sex, (state whether male or female) *Female*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth *13 January*

4. Place of Birth, (Street and Number) *184 Madagra Bliss*

5. Full Name of Mother *Sophie Weiss*

6. Mother's Maiden Name *Albert*

7. Mother's Birthplace *Balt*

8. Full Name of Father *John Weiss*

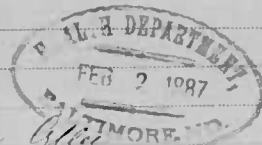
9. Father's Occupation *Labeler*

10. Father's Birthplace *Baltimore*

Name of Medical Attendant, or other Person who makes this return *Mrs G. Weiss*

Address *424 Lancaster St*

Remarks



Report its birth in the Commonwealth of Maryland, in the manner and within the period above required, and any such person who neglects or refuses to do so, or who makes a false report, shall be liable to a fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 91377

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *3th*

1. Sex, (state whether male or female) *Female*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *13 January*

4. Place of Birth, (Street and Number) *2831 O'Donnell St.*

5. Full Name of Mother, *Mary Schmann*

6. Mother's Maiden Name, *Schau*

7. Mother's Birthplace, *Marionviller (Prussia)*

8. Full Name of Father, *Albert Schmann*

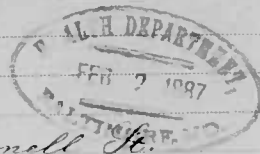
9. Father's Occupation, *Laborer*

10. Father's Birthplace, *Berlin (Prussia)*

Name of Medical Attendant, or other Person who makes this Return. *Mrs E. Weiss.*

Address, *421 Lancaster St.*

Remarks, *well*



Report the birth to the Commissioner of Health, in the Bureau of Health, within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH *91378*

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *4th*

1. Sex, (state whether male or female) *female*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *13 of Janur*

4. Place of Birth, (Street and Number) *71 Medayre*

5. Full Name of Mother, *Eva Becker*

6. Mother's Maiden Name, *= can Draw*

7. Mother's Birthplace, *Balt.*

8. Full Name of Father, *Philys Becker*

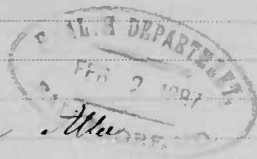
9. Father's Occupation, *Labeln*

10. Father's Birthplace, *Balt.*

Name of Medical Attendant, or other Person who makes this return. *Mrs G. Weiss*

Address, *424 Lancaster St*

Remarks,



RETURN OF A BIRTH 91379.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *3th*

1. Sex, (state whether male or female) *female*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *13 of Janar*

4. Place of Birth, (Street and Number) *53 Rose St.*

5. Full Name of Mother, *Mary Barkowsky*

6. Mother's Maiden Name, _____

7. Mother's Birthplace, *Westpreusen*

8. Full Name of Father, *J. Barkowsky*

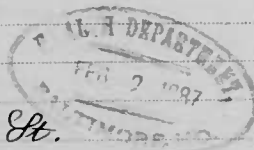
9. Father's Occupation, *Labeln*

10. Father's Birthplace, *Westpreusen Germ.*

Name of Medical Attendant, or other Person who makes this return. *Mrs E. Weiss*

Address, *424 Lancaster St.*

Remarks, _____



report as here to the Commissioner of Health, or the Registrar and make the proper entries required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 91380

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.),

First

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Jan. 15th 87

4. Place of Birth, (Street and Number)

Waterfront

5. Full Name of Mother,

Hattie Julian

6. Mother's Maiden Name,

Dee

7. Mother's Birthplace,

New York

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return

W. P. Spradling M.D.

Address,

113 & 115 N. Lombard St.

Remarks,

or persons who shall hereafter fall in compliance with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 91381

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, Dec 13th 1896

4. Place of Birth, (Street and Number) 1186 Madison

5. Full Name of Mother, Lizzie Hamilton

6. Mother's Maiden Name, M. Waldron

7. Mother's Birthplace, Ireland

8. Full Name of Father, James Hamilton

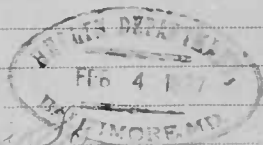
9. Father's Occupation, Shoemaker

10. Father's Birthplace, Scotland

Name of Medical Attendant, or other Person who makes this Return.

Address, Mrs. James Hamilton, 1186 Madison St.

Remarks, 1038. Per Hamilton



Persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 91352

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st

1. Sex (state whether male or female),

Male

2. Race or Color (if not of the white race),

White

3. Date of Birth,

Lang. B. 11. 11. 11

4. Place of Birth (Street and Number),

561 Hammond St

5. Full Name of Mother,

Katharine Mary

6. Mother's Maiden Name,

" " " " " "

7. Mother's Birthplace,

City

8. Full Name of Father,

Peter Mary

9. Father's Occupation,

Labour

10. Father's Birthplace,

City

Name of Medical Attendant, or other person who makes this Return.

J. C. Bunch M.D.

Address,

151 Hammond St

Remarks,

the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

91383

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2
1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) _____
3. Date of Birth, Jan 19 1881
4. Place of Birth, (Street and Number) 166 Canton St. Baltimore
5. Full Name of Mother, Lena Sphar
6. Mother's Maiden Name, " " Mead
7. Mother's Birthplace, Italy
8. Full Name of Father, John Sphar
9. Father's Occupation, Musician
10. Father's Birthplace, Italy
- Name of Medical Attendant, or other Person who makes this Return, Lizzy Betz
- Address, 116 Bank St
- Remarks, _____

or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

the Commissioner of Health, in the manner and within the period above required, and say such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 91384

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

5th
Male

1. Sex (state whether male or female),

2. Race or Color (if not of the white race),

White

3. Date of Birth,

Jan 12 1891

4. Place of Birth (Street and Number),

218 Cadwallar St

5. Full Name of Mother,

Ellen Smith

6. Mother's Maiden Name,

Ellen Campbell

7. Mother's Birthplace,

Baltimore Md

8. Full Name of Father,

George Smith

9. Father's Occupation,

Stenographer

10. Father's Birthplace,

Baltimore Md

Name of Medical Attendant, or other person who makes this Return.

Angeline H. H. H.

Address,

314 S. Howard St

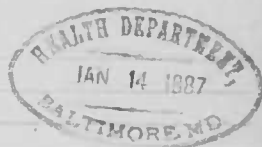
Remarks,



RETURN OF A BIRTH.

91385

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother (state whether ~~M~~, 2d, ~~M~~, &)

1. Sex (state whether ~~Male~~ & Female)

2. Race or Color (~~if not of the~~ white race)

3. Date of Birth

4. Place of Birth (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

Address.

Remarks

Jan 14th 1887
139 Remondson Ave

Hannie Richardson

Hannie Horn

Baltimore

James A. Richardson

Insurance Agent

Baltimore

Thos. H. Lister M.D.
1215 Intaw Place

No Anæsthetic. No trouble

of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH 91586

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Sixth

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth

14th

4. Place of Birth, (Street and Number)

1441 Monument St (new number)

5. Full Name of Mother

Annie G. Barlag

6. Mother's Maiden Name

Annie G. Bond

7. Mother's Birthplace

Balt^e Md.

8. Full Name of Father

Frederick Barlag

9. Father's Occupation

Sixth Printer

10. Father's Birthplace

Balt^e Md.

Name of Medical Attendant, or other Person who makes this Return.

E. T. Weir Ph. C. Studiosus M.D.

Address

Harford Ave. & Oliver St. City

Remarks



For each offense to be recovered as other laws and regulations are recoverable.

RETURN OF A BIRTH 91281

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.).. 7

1. Sex, (state whether male or female).. Female

2. Race or Color, (if not of the white race).....

3. Date of Birth, 14th January

4. Place of Birth, (Street and Number) 524 Baltimore St.

5. Full Name of Mother, Mary B. Binn

6. Mother's Maiden Name, S. Leary

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Michael Binn

9. Father's Occupation, Laborer

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return, Sarah Casper

Address, 1016 E. Lombard St.

Remarks,

of persons who claim themselves to be exempt from the provisions of this act, shall be subject to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 913881

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8
1. Sex, (state whether male or female) Girl
2. Race or Color, (if not of the white race) White
3. Date of Birth, June 14/87
4. Place of Birth, (Street and Number) 422 S. Charles St.
5. Full Name of Mother, Fanny Lapin
6. Mother's Maiden Name, Fanny Lapin
7. Mother's Birthplace, Russia
8. Full Name of Father, Michael Lapin
9. Father's Occupation, Picture Store
10. Father's Birthplace, Russia
- Name of Medical Attendant, or other Person who makes this Return, Mrs. R. Goldsmith
- Address, 87 Sharp St.
- Remarks,

or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 91389

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.) *2nd*

1. Sex. (state whether male or female) _____

2. Race or Color, (if not of the white race) _____

3. Date of Birth, _____

4. Place of Birth, (Street and Number) _____

5. Full Name of Mother, _____

6. Mother's Maiden Name, _____

7. Mother's Birthplace, _____

8. Full Name of Father, _____

9. Father's Occupation, _____

10. Father's Birthplace, _____

Name of Medical Attendant, or other Person who makes this Return. _____

Address, _____

Remarks, _____

Handwritten entries:
 1. Sex. *Male*
 2. Race or Color, *White*
 3. Date of Birth, *Jan 27 1878*
 4. Place of Birth, *518 Tamarack*
 5. Full Name of Mother, *Delia E. Rayner*
 6. Mother's Maiden Name, *" "*
 7. Mother's Birthplace, *Baltimore Co.*
 8. Full Name of Father, *Jos E. Rayner*
 9. Father's Occupation, *Whicamaker*
 10. Father's Birthplace, *Baltimore*
 Name of Medical Attendant, *Thos. W. Rayner*
 Address, *518 Tamarack*

Persons who fail to comply with the provisions of this section, shall be subjected to the fine of five (5) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 91390

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7 1887

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) Caucas

3. Date of Birth, Janey 12 1887

4. Place of Birth, (Street and Number) Melham Alley 107

5. Full Name of Mother, Susan Matos

6. Mother's Maiden Name, Susan Plamo

7. Mother's Birthplace, Calvert County

8. Full Name of Father, Joseph Matos

9. Father's Occupation, Labor

10. Father's Birthplace, Calvert County

Name of Medical Attendant, or other Person who makes this Return, Dr. J. M. Wilson

Address, 115 E. 1st St.

Remarks,

If returned to the Registrar of Vital Statistics, Baltimore City, the Registrar of Vital Statistics, Baltimore City, will be subject to the fine of ten (10) dollars for each offense to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH 91391.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 10th Child

1. Sex (state whether male or female),

2. Race or Color (if nat of the white race), White

3. Date of Birth, January 14, 1887.

4. Place of Birth (Street and Number), Grand St. No 1076.

5. Full Name of Mother, Katharine Münch

6. Mother's Maiden Name, Katharine Oheim

7. Mother's Birthplace, Nulmbach, N. Baxen Germany

8. Full Name of Father, Georg E. Münch

9. Father's Occupation, Builder

10. Father's Birthplace, Nulmbach N. Baxen Germany

Name of Medical Attendant, or other person who makes this Return, Hatz E. Müller

Address, N. Dallas St. No 114 new

Remarks,



If this return is not filed in conformity with the provisions of this section, the filer shall be subjected to the fine of ten (10) dollars for each offense, to be recovered in other fines and forfeitures are recoverable.

RETURN OF A BIRTH 91392.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

W

3. Date of Birth,

Jan. 14 1887

4. Place of Birth, (Street and Number)

117 Barre St.

5. Full Name of Mother,

Elizabeth Kris

6. Mother's Maiden Name,

Behlman

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

George Kris

9. Father's Occupation,

Ex-Squire

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return

Mary Birch

Address,

11328 S. Eutaw St.

Remarks,



for each offense to be recovered in other laws and for all fines are recoverable.

RETURN OF A BIRTH

GIVEN NAME ADDED 11-6-52

9139.3

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY

Name: William Charles Warren

Sex of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) M

2. Race or Color, (if not of the white race) White

3. Date of Birth, Jan 14th

4. Place of Birth, (Street and Number) 19. Hitt St. Baltimore. Md

5. Full Name of Mother, Alice M. Warren

6. Mother's Maiden Name, Alice M. Rynehart

7. Mother's Birthplace, County. Wexford, Ireland

8. Full Name of Father, William Louis Warren

9. Father's Occupation, Fireman

10. Mother's Birthplace, County Wexford Ireland

Name of Medical Attendant, or other Person who makes this Return Mrs. Wooden

Address, 120 Greenmount Av

Remarks,



for each offense, to be recovered as other fines and forfeitures are recoverable.

CERTIFICATE CORRECTED 1-14-52
RETURN OF A BIRTH 97394

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Charles Andrew Wistling

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether male or female),

2. Race or Color (if not of the white race),

3. Date of Birth,

4. Place of Birth (Street and Number),

5. Full Name of Mother, Mary Wistling

6. Mother's Maiden Name,

Bullock

7. Mother's Birthplace,

8. Full Name of Father,

Wistling, Andrew

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks,

RETURN OF A BIRTH.

91395

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

Second

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth

July 14th 1887

4. Place of Birth, (Street and Number)

1816 E Monument Street

5. Full Name of Mother,

Anna E Franko

6. Mother's Maiden Name,

" " Baker

7. Mother's Birthplace,

Balt MD

8. Full Name of Father,

Wm W Franko

9. Father's Occupation,

Painter

10. Father's Birthplace,

Balt MD

Name of Medical Attendant, or other Person who makes this Return.

J E Franko MD

Address,

1519 E Baltimore

Remarks,

of persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

of persons a local health officer has to comply with the provisions of this section, shall be subject to the fine of ten (10) dollars for each offense to be recovered as other laws and ordinances are recoverable.

GIVEN NAME ADDED 1-10-58
RETURN OF A BIRTH. 91396.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

William Thomas Thornton
No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *Second*

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth *Jan'y 14 1885*

4. Place of Birth, (Street and Number) *New 221 North Wolfe St*

5. Full Name of Mother, *Agness Thornton*

6. Mother's Maiden Name, *Roche*

7. Mother's Birthplace, *Baltimore Md*

8. Full Name of Father, *Wm W Thornton*

9. Father's Occupation, *Book Binder*

10. Father's Birthplace, *Balt Md*

Name of Medical Attendant, or other Person who makes this Return. *J. E. Roche MD*

Address, *1519 E Baltimore St*

Remarks,

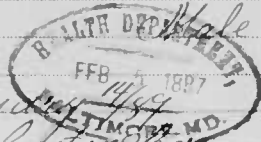
RETURN OF A BIRTH 91397

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

5

1. Sex (state whether male or female),



2. Race or Color (if not of the white race),

3. Date of Birth,

Samuel 1489

4. Place of Birth (Street and Number),

No 1905 Canton St

5. Full Name of Mother,

Mary Reis
Reich

6. Mother's Maiden Name,

Baltimore

7. Mother's Birthplace,

Nicholas Reis

8. Full Name of Father,

Barber

9. Father's Occupation,

Baltimore

10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return.

Mrs. Louise Kraft

Address,

No 405 S Washington St.

Remarks,

who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other laws and regulations are recoverable.

RETURN OF A BIRTH 91398

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

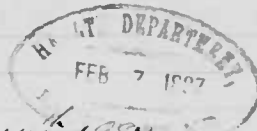
10. Father's Birthplace,

Name of Medical Attendant, or other Person who
makes this Return

Address,

Remarks,

5th
H.
W.
Jan. 14th 1887



Chas. & Harford Ave.
Mura E. Gardner.
Stech
Baltimore
Jes. Gardner
Cigar Maker
Balt.

H. T. Reynolds, M.D.
722 Wisconsin

RETURN OF A BIRTH.

91399.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *6th*

1. Sex, (state whether male or female) *Female*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth

1. 14. 17. 10 P.M.

4. Place of Birth, (Street and Number)

5. 8. 3 Biddle Alley

5. Full Name of Mother,

Mrs. J. P. Peltz

6. Mother's Maiden Name,

Anna - Eichelschneider

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Chas. Peltz

9. Father's Occupation,

Laborer

10. Father's Birthplace,

New York City

Name of Medical Attendant, or other Person who makes this Return.

Chas. Peltz, M.D.

Address,

1035 Myrtle Avenue.

Remarks,

*Persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 91400

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex (state whether male or female), Male

2. Race or Color (if not of the white race), White

3. Date of Birth, 14 Jan 1887

4. Place of Birth (Street and Number), 2310 Essex

5. Full Name of Mother, Kate Weidner

6. Mother's Maiden Name, Kate Weidner

7. Mother's Birthplace, Germany

8. Full Name of Father, Joseph Weidner

9. Father's Occupation, Tailor

10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Mary Koptich

Address, 265 A Washington St

Remarks,

the Commissioner of Health, in the manner and within the period above required, and any such person or persons who fail to do so shall be liable to a fine of not more than \$100, and shall be subjected to the fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 91401.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

3

1. Sex, (state whether male or female).

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Jan 14 1887

4. Place of Birth, (Street and Number)

1814 Lombard St.

5. Full Name of Mother,

Ella Buckman

6. Mother's Maiden Name,

Roth

7. Mother's Birthplace,

New York

8. Full Name of Father,

Henry Buckman

9. Father's Occupation,

Carpenter

10. Father's Birthplace,

Balto MD

Name of Medical Attendant, or other Person who makes this Return.

Mrs R. W. W.

Address,

1302 Hollander St.

Remarks,

11

RETURN OF A BIRTH 911102

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

6

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Jan 14th 1884

4. Place of Birth, (Street and Number)

65 Forest St.

5. Full Name of Mother,

Larissa Shirk

6. Mother's Maiden Name,

" Sherrill

7. Mother's Birthplace,

Balt

8. Full Name of Father,

Sylvester Shirk

9. Father's Occupation,

Carpenter

10. Father's Birthplace,

Balt Md.

Name of Medical Attendant, or other Person who makes this Return.

Mrs. K. W. W.

Address,

1302 E. Lombard St.

Remarks,

For sale only used to be returned in order with and with copies are forwarded.

RETURN OF A BIRTH 91403.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2
1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Jewish
3. Date of Birth, Jan 14th 1887
4. Place of Birth, (Street and Number) 510 Disgrace St
5. Full Name of Mother, Rachel Abraham
6. Mother's Maiden Name, " Lewis
7. Mother's Birthplace, Poland
8. Full Name of Father, Jacob Abraham
9. Father's Occupation, Laborer
10. Father's Birthplace, Poland
- Name of Medical Attendant, or other Person who makes this Return, Mrs R. Miller
- Address, 1302 Ballard St
- Remarks,

RETURN OF A BIRTH

91404

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.).

The 3 Child

1. Sex, (state whether male or female).

2. Race or Color, (if not of the white race).

3. Date of Birth.

4. Place of Birth, (Street and Number).

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father.

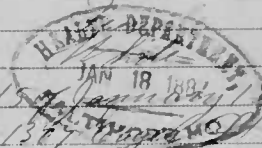
9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,



The 1st of January 1889
No 1327

Keate Schneider

Keate Gatzelberg

Baltimore

Henry Schneider

Blacksmith

Germany

Mrs. G. Lauer

No 1059

43rd St

1889

of persons who shall be liable to supply with the provisions of this section, shall be subjected to the fine of \$100 dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 91405

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st Child
Boy
White
BALTIMORE MD

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

15th of January 1887

4. Place of Birth, (Street and Number)

425 Michigan Alley

5. Full Name of Mother,

Sophie Baumbach

6. Mother's Maiden Name,

Sophie Ruppel

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Constant Ruppel

9. Father's Occupation,

Tailor

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return

Crescentia Kunkel

Address,

23 North Chappel Street per Gustava Kunkel

Remarks,

Healthy

or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 71406

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)... *Second Child*
1. Sex, (state whether male or female)... *Girl*
2. Race or Color, (if not of the white race)... *White*
3. Date of Birth... *Born 13th of January 1887*
4. Place of Birth, (Street and Number)... *No. 2025 Frederick st*
5. Full Name of Mother... *Mrs. Minnie Hinchliff*
6. Mother's Maiden Name... *Mrs. Minnie Allen*
7. Mother's Birthplace... *Born Phila*
8. Full Name of Father... *Mr. Henry Hinchliff*
9. Father's Occupation... *Labourer*
10. Father's Birthplace... *Born Baltimore*
- Name of Medical Attendant, or other Person who makes this Return... *Mrs. Miller*
- Address... *1141 No. 1017 near Pratt*
- Remarks,

or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 91407

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5
1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth, 13th of January
4. Place of Birth, (Street and Number) 218 Front St
5. Full Name of Mother, Rosa Kober
6. Mother's Maiden Name, Kerner
7. Mother's Birthplace, Italy
8. Full Name of Father, August Kober
9. Father's Occupation, Musician
10. Father's Birthplace, Italy
- Name of Medical Attendant, or other Person who makes this Return, Sarah Casper
- Address, 1016 E. Lombard St.
- Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

91408

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

4th

Sex, (state whether male or female)

male

2. Race or Color, (if not of the white race)

white

3. Date of Birth,

15th of Jan.

4. Place of Birth, (Street and Number)

hall alle. No 1240

5. Full Name of Mother,

Annie Elizabeth (Parker)

6. Mother's Maiden Name,

Parker

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

George William Henry Rogers

9. Father's Occupation,

Car Maker

Father's Birthplace,

Baltimore

Name of Medical Attendant,

or other Person who makes this Return

Mrs. Conway

Address,

Remarks,

RETURN OF A BIRTH 91409

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, Jan 15 1897

4. Place of Birth, (Street and Number) 926 Madison Ave

5. Full Name of Mother, Francis G. Smith

6. Mother's Maiden Name, " " Hopkin.

7. Mother's Birthplace, Balt.

8. Full Name of Father, B. Holly Smith D.D.S.

9. Father's Occupation, Dentist

10. Father's Birthplace, Balt.

Name of Medical Attendant, or other Person who makes this Return. Thomas Opie M.D.

Address, 600 N. Howard St

Remarks,

who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 91410

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Second Child*
1. Sex (state whether male or female), *Male*
2. Race or Color (if not of the white race), *White*
3. Date of Birth, *January 15 " 1887*
4. Place of Birth (Street and Number), *No 306 Eastern Ave.*
5. Full Name of Mother, *Elisbeth Sauer*
6. Mother's Maiden Name, *Elisbeth Palar*
7. Mother's Birthplace, *Germany*
8. Full Name of Father, *John Sauer*
9. Father's Occupation, *Butcher*
10. Father's Birthplace, *Germany*
11. Name of Medical Attendant, or other person who makes this Return, *Mrs Wiley*
- Address, *No. 611 Patterson Park Ave.*
- Remarks,

RETURN OF A BIRTH ⁹¹⁴¹¹

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) Irish

3. Date of Birth, Aug 15th 87

4. Place of Birth, (Street and Number) 627 Biddle St.

5. Full Name of Mother, Barbara Rolf

6. Mother's Maiden Name, Barbara Mully

7. Mother's Birthplace, Germany

8. Full Name of Father, Henry Rolf

9. Father's Occupation, Saloon Keeper

10. Father's Birthplace, Ill.

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,



or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 91412

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th Child
1. Sex (state whether male or female), Male,
2. Race or Color (if not of the white race), White,
3. Date of Birth, th 15 January,
4. Place of Birth (Street and Number), No 928 Bevanst
5. Full Name of Mother, Catherin Gobel,
6. Mother's Maiden Name, Catherin Schneider,
7. Mother's Birthplace, Germany,
8. Full Name of Father, John Gobel,
9. Father's Occupation, Employed at The Baltimore & Ohio
10. Father's Birthplace, Germany,
11. Name of Medical Attendant, or other person who makes this Return. Mr. Minch,
- Address, 100 Leadenhall St.
- Remarks,

Persons who neglect to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 91413

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether male or female),

2. Race or Color (if not of the white race),

3. Date of Birth,

4. Place of Birth (Street and Number),

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks,

91413
Jan 25 1900

Jan 15 1900
1132 Hanover St
Hattie Berger
Hattie Berger
America
Ben Berger
Tailor
America

J. L. Brown, M.D.
1132 Hanover St

RETURN OF A BIRTH 91414

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. Sex (state whether male or female), Female

2. Race or Color (if not of the white race),

3. Date of Birth, January 1887

4. Place of Birth (Street and Number), No 405 S. Wall St

5. Full Name of Mother, Mary Myer

6. Mother's Maiden Name, Becker

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Frank Myer

9. Father's Occupation, Cigar Maker

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Mrs Louise Craft

Address, No 405 S. Washington St

Remarks,

who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (\$10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 91418

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *3rd*

● Sex, (state whether male or female) *female*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *15th of January*

4. Place of Birth, (Street and Number) *Trans and Day (Boston St. Amsterdam)*
(Affair Room 2)

5. Full Name of Mother, *Alvienne Roselius*

6. Mother's Maiden Name, *= Schwarz*

7. Mother's Birthplace, *Goldau Westpreussen*

8. Full Name of Father, *Heinrich Roselius*

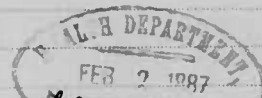
9. Father's Occupation, *Labeln*

● Father's Birthplace, *hl Luederwarden (Oldenburg)*

Name of Medical Attendant, or other Person who makes this Return *Mrs S. Weiss Germ*

Address, *424 Lancaster St.*

Remarks,



RETURN OF A BIRTH 91426

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

First.

Sex, (state whether male or female).

Male.

2. Race or Color, (if not of the white race).

White.

3. Date of Birth,

Jan. 15th 1887.

4. Place of Birth, (Street and Number)

W. L. Lombard St., 1134 115

5. Full Name of Mother,

Maggie Quinterich,

6. Mother's Maiden Name,

Do.

7. Mother's Birthplace,

Maryland,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

R. F. Ankrum M.D.

Address,

1134 115 W. Lombard St.

Remarks,

RETURN OF A BIRTH 9147

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

Sex (state whether male or female), Male

2. Race or Color (if not of the white race), White

3. Date of Birth, 15 Jan 1888

4. Place of Birth (Street and Number), 528 N Chapple St

5. Full Name of Mother, Barbara Hala

6. Mother's Maiden Name, Barbara Hudnicka

7. Mother's Birthplace, Bohemia

8. Full Name of Father, John Hala

9. Father's Occupation, Tailor

Father's Birthplace, Bohemia

Name of Medical Attendant, or other person who makes this Return, Mary Koflish

Address, 105 N Washington St

Remarks,



Who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

who shall thereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 91418

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex (state whether male or female), Female

2. Race or Color (if not of the white race), White

3. Date of Birth, 15 Jan 1887

4. Place of Birth (Street and Number), 243 N Castle St

5. Full Name of Mother, Mary Kraft

6. Mother's Maiden Name, Mary Kraft

7. Mother's Birthplace, Germany

8. Full Name of Father, Joseph Kraft

9. Father's Occupation, Sailor

10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Mary Kopick

Address, 245 N Washington St

Remarks,



RETURN OF A BIRTH 91419

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2d

Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

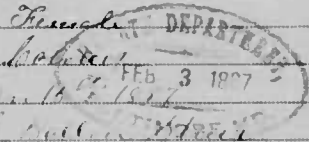
9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,



Mary A. Emory

Mary A. Dutton

Baltimore and

Benjamin Emory

Teacher

Baltimore Shore and

Flatten Botanical

734 1/2 Commercial Street

For each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 91420

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (stote whether 1st, 2d, 3d, &c.) *1st*
- Sex (state whether male or female), *Male*
2. Race or Color (if not of the white race),
3. Date of Birth, *January 15th*
4. Place of Birth (Street and Number), *908 N. Baltimore St.*
5. Full Name of Mother, *Mary P. Reemer*
6. Mother's Maiden Name, *Mary P. Hoising*
7. Mother's Birthplace, *Baltimore*
8. Full Name of Father, *Geo. P. Reemer*
9. Father's Occupation, *Clerk*
10. Father's Birthplace, *Baltimore*
- Name of Medical Attendant, or other person who makes this Return. *Annie Lindner*
- Address, *No 106 S. Howard St.*
- Remarks,

RETURN OF A BIRTH 91421

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1*

Sex, (state whether male or female) *Female*

2. Race or Color, (if not of the white race)

3. Date of Birth, *Jan 15 1887*

4. Place of Birth, (Street and Number) *195 Chapple*

5. Full Name of Mother, *Mary Gephart*

6. Mother's Maiden Name, *Evert*

7. Mother's Birthplace, *City*

8. Full Name of Father, *Ben Gephart*

9. Father's Occupation, *Printer*

Father's Birthplace, *Germany*

Name of Medical Attendant, or other Person who makes this Return, *Lizzy Beh*

Address, *120 Park St*

Remarks,



For each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 91432

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: *Nellie Grace Smith*

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

first birth
Female

● Sex (state whether male or female),

2. Race or Color (if not of the white race),

3. Date of Birth,

Jan 13 1897

4. Place of Birth (Street and Number),

No 1722

5. Full Name of Mother,

Mary E. Smith

6. Mother's Maiden Name,

" " Jamison

7. Mother's Birthplace,

Balti

8. Full Name of Father,

Joseph P. Smith

9. Father's Occupation,

Car Conductor

10. Father's Birthplace,

Balti

Name of Medical Attendant, or other person who makes this Return.

Mary A. Allwell

Address,

912 McEldon St

Remarks,

GIVEN NAME ADDED 8-19-57

RETURN OF A BIRTH

91423

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Frederick Howard Faust*

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *July 15 1897*

4. Place of Birth, (Street and Number) *Bank & Bond St.*

5. Full Name of Mother, *May M. Faust*

6. Mother's Maiden Name, *Waitman*

7. Mother's Birthplace, *Ind.*

8. Full Name of Father, *Jacob Faust*

9. Father's Occupation, *Green*

10. Father's Birthplace, *Ind.*

Name of Medical Attendant, or other Person who makes this Return, *Mr. D. Blane*

Address, *Cor. S. Race St.*

Remarks,

For each offense to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH 91424

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth. (Street and Number)

5. Full Name of Mother.

6. Mother's Maiden Name,

7. Mother's Birthplace.

8. Full Name of Father.

9. Father's Occupation.

10. Father's Birthplace.

Name of Medical Attendant, or other Person who makes this return.

Address,

Remarks,

Female

White

January 16, 1887
Hall St

Mary Clark

Margie Miller

Pennsylvania

Patrick Clark

Stevedore

Ireland

Mrs. Ettel

No 1619 Cuba St

RETURN OF A BIRTH 91425

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

71

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth.

Jan 16 1887

4. Place of Birth, (Street and Number)

No 12 Nicholson St

5. Full Name of Mother.

Kate Nicholson

6. Mother's Maiden Name.

Kate Boisdorne

7. Mother's Birthplace

Baltimore

8. Full Name of Father.

Harriet Almonson

9. Father's Occupation,

Cigar-maker

10. Father's Birthplace

Germany

Name of Medical Attendant, or other Person who makes this Return.

Mrs Edell

Address.

No 1619. Euba St

Remarks,

RETURN OF A BIRTH 91426

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8d
1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth. Jan 16 1887
4. Place of Birth, (Street and Number) Clement St.
5. Full Name of Mother. Mary Cakill
6. Mother's Maiden Name, Mary Kennedy
7. Mother's Birthplace, Ireland
8. Full Name of Father. Pierce Cakill
9. Father's Occupation, Labor
10. Father's Birthplace, Ireland
Name of Medical Attendant, or other Person who makes this return. Mrs Ettel
Address. No 1619 Cedar St
Remarks, Baltimore

RETURN OF A BIRTH

91 427

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

Sex, (state whether male or female) female

2. Race or Color, (if not of the white race) white

3. Date of Birth, January 16th 1887

4. Place of Birth, (Street and Number) 832 George

5. Full Name of Mother, Emma F. Evans

6. Mother's Maiden Name, Frederick

7. Mother's Birthplace, Balto. City.

8. Full Name of Father, Lewis Evans

9. Father's Occupation, Dairyman

10. Father's Birthplace, Corroll Co. Md.

Name of Medical Attendant, or other Person who makes this Return. J. B. Christian M.D.

Address, _____

Remarks, _____

RETURN OF A BIRTH

91428

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

male

2. Race or Color, (if not of the white race)

Colored

3. Date of Birth,

16th January 1887

4. Place of Birth, (Street and Number)

Mainbank Lane

5. Full Name of Mother,

Anni Taylor

6. Mother's Maiden Name,

Anni Howe

7. Mother's Birthplace,

Mainbank Lane

8. Full Name of Father,

Alley Taylor

9. Father's Occupation,

Labourer

10. Father's Birthplace,

died the 18th January 1887

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,

RETURN OF A BIRTH 91429

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)...

3

1. Sex, (state whether male or female)...

Male

2. Race or Color, (if not of the white race)...

3. Date of Birth,...

16th of January

4. Place of Birth, (Street and Number)...

125 Little Bohem St.

5. Full Name of Mother,...

Jessie Winning

6. Mother's Maiden Name,...

Marie

7. Mother's Birthplace,...

Baltimore

8. Full Name of Father,...

George Winning

9. Father's Occupation,...

Express-driver

10. Father's Birthplace,...

Baltimore

Name of Medical Attendant, or other Person who makes this Return.

Sarah Casper

Address,...

1016 E. Lombard St.

Remarks,...

RETURN OF A BIRTH 91430

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,

16th of January

200 E. Lombard St.

Sophie Grodic

Prussia

Germany

Karl Grodic

Printer

Germany

Dr. Casper

1016 E. Lombard St.

RETURN OF A BIRTH 91431

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) male

2. Race or Color, (if not of the white race) white

3. Date of Birth, Jan. 16th 1887

4. Place of Birth, (Street and Number) 217 Glenner's

5. Full Name of Mother, Mary Tichler

6. Mother's Maiden Name, " Wapflein

7. Mother's Birthplace, Baltimore

8. Full Name of Father, James Tichler

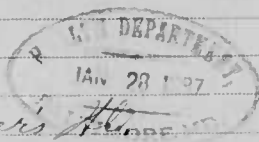
9. Father's Occupation, Laborer

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return, Mrs. C. Bernstein

Address, 122 S. Greter st.

Remarks,



RETURN OF A BIRTH

91432

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

of Child of Mother, (state whether 1st, 2d, 3d, &c.) *8th Child*
 Sex, (state whether male or female) *Male*
 Race or Color, (if not of the white race) *White*
 Date of Birth, *Jan. 16th 1887*
 Place of Birth, (Street and Number) *94 Leadenhall St. (Old)*
 Full Name of Mother, *Birtha Stallmann*
 Mother's Maiden Name, *Mueller*
 Mother's Birthplace, *Germany*
 Full Name of Father, *Peter Stallmann*
 Father's Occupation, *Cabinetmaker*
 Father's Birthplace, *Germany*
 Name of Medical Attendant, *Dr. Gornbel M.D.*
 Address, *610 S. Sharp St.*
 Remarks,



RETURN OF A BIRTH 91483

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

~~1st~~ 4th

1. Sex, (state whether male or female).

Male

2. Race or Color, (if not of the white race)

3. Date of Birth,

Jan 16, 1887

4. Place of Birth, (Street and Number)

819 Franklin St.

5. Full Name of Mother,

Johanna Reichler

6. Mother's Maiden Name,

Johanna Kuehn

7. Mother's Birthplace,

Germany

8. Full Name of Father,

John Reichler

9. Father's Occupation,

Shoemaker

10. Father's Birthplace,

Germany

Name of Medical Attendant, or other Person who makes this Return.

Mrs. Mendel

Address,

John Reichler, 819 Franklin St. Balt. Md.
910 10 Pearl St

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

Colored

3. Date of Birth,

January 16

4. Place of Birth, (Street and Number)

Baltimore

5. Full Name of Mother,

Mary Grant

6. Mother's Maiden Name,

Mary Patton

7. Mother's Birthplace,

Capitol Hill

8. Full Name of Father,

John Henry Grant

9. Father's Occupation,

Patrol in Calvert Station

10. Father's Birthplace,

Cincinnati Ohio

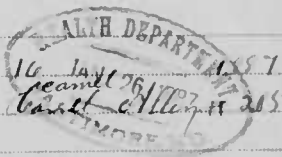
Name of Medical Attendant, or other Person who makes this Return.

Lug Cosmick

Address,

New N 906 Jordan Office

Remarks,



for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 91438

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether male or female),

● Race or Color (if not of the white race),

3. Date of Birth,

4. Place of Birth (Street and Number),

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

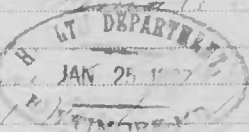
9. Father's Occupation,

10. Father's Birthplace,

● Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks,



RETURN OF A BIRTH.

91436

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether male or female)

2. Race or Color (if not of the white race)

3. Date of Birth

4. Place of Birth (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks



Female
White
January 16 1887
34 Henrietta St
Sarah E. Jenkins
Sarah E. Coombs
Virginia
Wm. John Jenkins
Sea & Land Man
Virginia
E. Michener M.D.
526 Shaw St

RETURN OF A BIRTH 91437

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th
- Sex, (state whether male or female) male
- Race or Color, (if not of the white race) white
- Date of Birth, Jan 16 1887
- Place of Birth, (Street and Number) Hanover 2 doors from Randell
- Full Name of Mother, Grace Clay
- Mother's Maiden Name, Grace Young
- Mother's Birthplace, Frederic Co. Md
- Full Name of Father, George W. Clay
- Father's Occupation, Freight Con on B. & O. R.R.
- Father's Birthplace, Carroll Co. Md
- Name of Medical Attendant, or other Person who makes this Return, E. Hinton
- Address, No. 1737 W. Charles St
- Remarks,

RETURN OF A BIRTH

91438

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: *Amelia Pauline*

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *7th Child*

1. Sex (state whether male or female),

2. Race or Color (if not of the white race), *White*

3. Date of Birth, *January the 16, 1887*

4. Place of Birth (Street and Number), *N. Eden St. N^o 622,*

5. Full Name of Mother, *Sophia Busbaum*

6. Mother's Maiden Name, *Sophia Daell*

7. Mother's Birthplace, *Balt^{ic} City*

8. Full Name of Father, *Heinrich Busbaum*

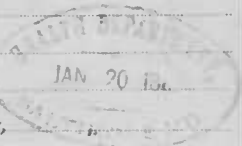
9. Father's Occupation, *Baker*

10. Father's Birthplace, *Balt^{ic} City*

Name of Medical Attendant, *Mary E. Müller*

Address, *N. Dallas St. N^o 114*

Remarks,



This certificate is to be returned as early as possible and kept in the office of the Registrar.

RETURN OF A BIRTH ⁹¹⁴³⁹

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8th

Sex, (~~state whether male or female~~)

2. Race or Color, (if not of the white race) White

3. Date of Birth, January 16th 1887

4. Place of Birth, (Street and Number) 344 Federal St

5. Full Name of Mother, Ann Elizabeth Hayden

6. Mother's Maiden Name, Anne E. Dwyer

7. Mother's Birthplace, Baltimore Md

8. Full Name of Father, George Hayden

9. Father's Occupation, Wroughton

Father's Birthplace, St Marys Co. Md.

Name of Medical Attendant, or other Person who makes this Return. Edmund C. Libbs

Address, 138 E. Townsend St

Remarks, None

For each office to be recovered as other files and final files are recoverable.

9/440

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

2. 1. 1.

3. *Date of Birth,*

January

4. *Place of Birth, (Street and Number)*

No. 125.

5. Full Name of Mother,

Carrie

6. *Mother's Maiden Name,*

0

7. *Mother's Birthplace,*

Bald

8. Full Name of Father,

211


9. *Father's Occupation,*

C. 1994

10. *Father's Birthplace.*

Ba.

Name of Medical Attendant, or other Person who makes this Return.

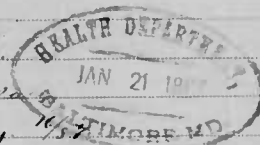


Address,

182

Remarks.

2



RETURN OF A BIRTH 91441

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

3d

Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

Colored

3. Date of Birth,

January 16th 1887

4. Place of Birth, (Street and Number)

1626 Windmill Street

5. Full Name of Mother,

Jane Ireland

6. Mother's Maiden Name,

7. Mother's Birthplace,

Galbert County

8. Full Name of Father,

John Ireland

9. Father's Occupation,

hod carrier

Father's Birthplace,

Galbert County

Name of Medical Attendant, or other Person who makes this Return.

Sarah Rollins

Address,

Remarks,

for each offence to be recovered as well as fines and forfeitures are recoverable.

RETURN OF A BIRTH 91642

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex (state whether male or female), male

2. Race or Color (if not of the white race), white

3. Date of Birth, Jan 16/1887

4. Place of Birth (Street and Number), N. No. 301 St. Paul St. Expt.

5. Full Name of Mother, Mrs. Laura A Stewart

6. Mother's Maiden Name, " " Hall

7. Mother's Birthplace, N. Y. State

8. Full Name of Father, Joseph B. Stewart

9. Father's Occupation, Telegraph Messenger B & O

10. Father's Birthplace, New Jersey

Name of Medical Attendant, or other person who makes this Return. T. Chas. W. Worthington M.D.

Address, 2843 W Fayette St.

Remarks,

RETURN OF A BIRTH

91443

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

5th

1. Sex, (state whether male or female)

male

2. Race or Color, (if not of the white race)

Colored

3. Date of Birth,

Jan. 16, 1887

4. Place of Birth, (Street and Number)

Bkfst. 209 Montgomery St.

5. Full Name of Mother,

Fannie Reid

6. Mother's Maiden Name,

Smith

7. Mother's Birthplace,

Eastern Shore, Va.

8. Full Name of Father,

Frank Reid

9. Father's Occupation,

Oyster Smucker

10. Father's Birthplace,

Tecumseh Co. Va.

Name of Medical Attendant,

or other Person who makes this Return.

Malley Gross

Address,

181 York St.

Remarks,



RETURN OF A BIRTH 91408

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Seventh*

Sex, (state whether male or female) *Female*

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

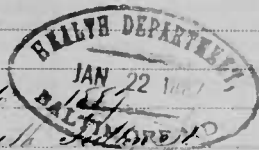
9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,



January 16

612 South Baltimore St.

Nelia O'S Kelly

Nelia O'S Kelly

Ireland

John Kelly

Highwayman (Main Chassis)

Ireland

Dr. Mary Fleming

419 South Parrish St. Baltimore

Mother and Child are doing well

RETURN OF A BIRTH 91448

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.)

Sex, (state whether male or female)

Race or Color, (if not of the white race)

Date of Birth,

Place of Birth, (Street and Number)

Full Name of Mother,

Mother's Maiden Name,

Mother's Birthplace,

Full Name of Father,

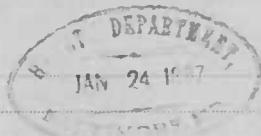
Father's Occupation,

Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,



Boy 7

January 16 1887

47 Block 11

Mary Hudson

Mary. Simmons

Baltimore

John T. Hudson

Boat Builder

Baltimore

Midwife

Mrs. Louisa Smith

etc. nurse. nurse

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 11

1. Sex (state whether male or female), Female

2. Race or Color (if not of the white race), German

3. Date of Birth, January 16, 1887

4. Place of Birth (Street and Number), No 131 S. Thimble

5. Full Name of Mother, Lisbeth Woelfel

6. Mother's Maiden Name, Schneider

7. Mother's Birthplace, Germany

8. Full Name of Father, George Woelfel

9. Father's Occupation, Storekeeper

10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Mr. Louise Kraft

Address, No 405 S. Washington St.

Remarks,

This shall be returned to the Office of Registrar of Vital Statistics, Board of Health, Baltimore City, for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 91447

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Second

1. Sex (state whether male or female),

Male

2. Race or Color (if not of the white race),

3. Date of Birth,

Jan 15 - 87

4. Place of Birth (Street and Number),

No 217. 1/2 Washington

5. Full Name of Mother,

Maggie Locher

6. Mother's Maiden Name,

" Young

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Joseph Locher

9. Father's Occupation,

Stone Cutter

10. Father's Birthplace,

Germany

Name of Medical Attendant, or other person who makes this Return.

Mary A. Allwell

Address,

912 Mc Donough St

Remarks,

who shall thereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (\$10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 91448

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2
1. Sex (state whether male or female), female
2. Race or Color (if not of the white race), Colored
3. Date of Birth, January 16, 1907
4. Place of Birth (Street and Number), Balt. Bowers Court No 8
5. Full Name of Mother, Mattie Wilson
6. Mother's Maiden Name, Mattie Diggs
7. Mother's Birthplace, Stanton Virginia
8. Full Name of Father, John Wilson
9. Father's Occupation, Laborer
10. Father's Birthplace, Baltimore
- Name of Medical Attendant, or other person who makes this Return, Rebecca Greenwood
- Address, No. 2 Bowers Court or 222
- Remarks,

RETURN OF A BIRTH 91449

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6 children

1. Sex, (state whether male or female) boy

2. Race or Color, (if not of the white race) white

3. Date of Birth, 16th Jan 7

4. Place of Birth, (Street and Number) 602 Little Greene St

5. Full Name of Mother, Miss Freedenberg

6. Mother's Maiden Name, Miss Marks

7. Mother's Birthplace, Poland

8. Full Name of Father, Phillip Freedenberg

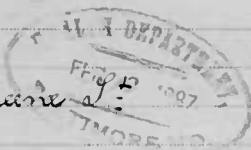
9. Father's Occupation, Tailor

10. Father's Birthplace, Poland

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,



RETURN OF A BIRTH 91480

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,

White
Living 16 1887
1703 St. Lombard
Alice E. Mercer
Fricker
Baer Ind
Chas. Mercer
Machinist
Baer Ind
J. J. J.
St. N. Lombard

RETURN OF A BIRTH 91951

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th Child

1. Sex, (state whether male or female) Girl

2. Race or Color, (if not of the white race) White

3. Date of Birth, 17th of January 1887

4. Place of Birth, (Street and Number) 30 South Carol Street

5. Full Name of Mother, Eva Herold

6. Mother's Maiden Name, Eva Eising

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Henry Eising

9. Father's Occupation, Copper

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return, Crescentine Kunkel

Address, 213 North Chappel Street per Justina Kunkel

Remarks, Healthy

RETURN OF A BIRTH 91452

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2

Sex, (state whether male or female).

Female

2. Race or Color, (if not of the white race)

3. Date of Birth,

17th of January

4. Place of Birth, (Street and Number)

32 S. Light St.

5. Full Name of Mother,

Karrie Holm

6. Mother's Maiden Name,

Johnson

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Michael Holm

9. Father's Occupation,

Musician

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return.

Sarah C. Fisher

Address,

116 E. Lombard St.

Remarks,

RETURN OF A BIRTH 91453

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,

first female
Colored

January 17/87

673 Vine Street

Ordella Burley

Ordella Weems

Washington

Ben Burley

Porter

Washington

William White

RETURN OF A BIRTH

91 484

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

5th Child

Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

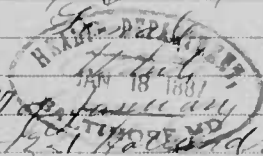
9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,



Shelton, Maryland
No 12-1 1886 and 1887

Elisha Keibel
Elisha Fleckner

Brooklyn
Christian Fleckner

Baltimore
Germany

M. C. Lauer

No 1059 Ave

Bal Md
1886

RETURN OF A BIRTH *91455*

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)... *1st Child*
1. Sex, (state whether male or female)... *Boy*
2. Race or Color, (if not of the white race)... *White*
3. Date of Birth, ... *17th of January 1887*
4. Place of Birth, (Street and Number) ... *233 East Fayette Street*
5. Full Name of Mother, ... *Lena Quinquass*
6. Mother's Maiden Name, ... *Lena Stuart*
7. Mother's Birthplace, ... *Baltimore*
8. Full Name of Father, ... *Charles G. Stuart*
9. Father's Occupation, ... *Cuppa*
10. Father's Birthplace, ... *Baltimore*
- Name of Medical Attendant, or other Person who makes this Return... *Crescentia Kunkel*
- Address, ... *213 North Chappel street per Justina Kunkel*
- Remarks, ... *Healthy*

RETURN OF A BIRTH 91456

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, Jan 17 1877

4. Place of Birth, (Street and Number) #24423 1/2 Bond St

5. Full Name of Mother, Mrs Emma Horner

6. Mother's Maiden Name, " " Egan

7. Mother's Birthplace, Baltimore

8. Full Name of Father, John Ross

9. Father's Occupation, Sailor

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return, Dr. Gostke

Address, #55 1/2 Bond St

Remarks,

for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 91457.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether male or female),

2. Race or Color (if not of the white race),

3. Date of Birth,

4. Place of Birth (Street and Number),

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks,



17th Jan
30 Columbia St
Mellie Beale
Terrell
Ball
Charles Beale
Engineer
Ball
J. C. Webster
106 Baltimore

RETURN OF A BIRTH 914.58.

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 14"

Sex, (state whether male or female) Male

Race or Color, (if not of the white race) Colored

Date of Birth, January 17" 1887

Place of Birth, (Street and Number) 4 Rope walk Alley

Full Name of Mother, Retter Macall

Mother's Maiden Name, Retter Hall

Mother's Birthplace, Dorchester Co. Md.

Full Name of Father, Samuel Macall

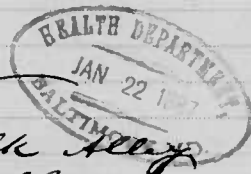
Father's Occupation, Oyster Shucker

Father's Birthplace, Dorchester Co. Md.

Name of Medical Attendant, or other Person who makes this Return Caroline Moore

Address, 58 West St.

Remarks,



RETURN OF A BIRTH 91459

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

3

1. Sex (state whether male or female),

Male

2. Race or Color (if not of the white race),

White

3. Date of Birth,

Jan. 17th / 1887

4. Place of Birth (Street and Number),

5. Full Name of Mother,

6. Mother's Maiden Name,

Burkhardt

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks,



For each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

91460

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *4th*
1. Sex (state whether male or female) *Female*
2. Race or Color (if not of the white race) *Colored*
3. Date of Birth *January 17th*
4. Place of Birth (Street and Number) *No 1000 Hamburg Street*
5. Full Name of Mother *Alice Dancy*
6. Mother's Maiden Name *A. A. Lee Mc.*
7. Mother's Birthplace *Henry Brown*
8. Full Name of Father *Labree*
9. Father's Occupation *Baltimore*
10. Father's Birthplace *Francis Crank*
- Name of Medical Attendant, or other Person who makes this Return. *936 Leadenhall Street*
- Address *Living Well*
- Remarks

RETURN OF A BIRTH 91461

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

Sex, (state whether male or female) Male

Race or Color, (if not of the white race) White

Date of Birth, Jan 17th 1887

Place of Birth, (Street and Number) No 636 old South Charles St

Full Name of Mother, Kate Jones

Mother's Maiden Name, Kate Roberts

Mother's Birthplace, Baltimore city Md

Full Name of Father, Daniel Jones

Father's Occupation, Labourer

Father's Birthplace, Eastern Shore of Md

Name of Medical Attendant, or other Person who makes this return, E. Hinton

Address, No 1537 South Charles St

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Sex (state whether male or female),

2. Race or Color (if not of the white race),

3. Date of Birth,

4. Place of Birth (Street and Number),

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks,

5
 1st
 1st
 January 19th 1887
 513 Union St
 Rachael Barney
 Rachael Barney
 Backs Mrs.
 Thos Hammer
 Registrar
 Backs Mrs
 Jane Broadland
 Midwife

RETURN OF A BIRTH 91163

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: *Estella Clara Goring* 5th
 No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *7.*

1. Sex (state whether male or female),

2. Race or Color (if not of the white race),

3. Date of Birth,

4. Place of Birth (Street and Number),

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

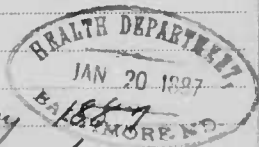
9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks,



17th January 1887

49 Leet

Estella (Goring) Goring
Leet

15 alt

Goring W. William F. (Goring) Goring
Wholesale Druggist

13 alt

491 114 1/2 W. 11th

106 Harrison

RETURN OF A BIRTH 91460

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th Child

1. Sex (state whether ~~male or~~ female),

● Race or Color (if not of the white race), White

3. Date of Birth, January 12, 1887

4. Place of Birth (Street and Number), Low St. No. 1124

5. Full Name of Mother, Henriette Haas

6. Mother's Maiden Name, Henriette Haase

7. Mother's Birthplace, Miswalde, Prussia, Germany

8. Full Name of Father, John Haas

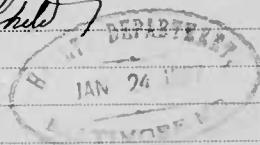
9. Father's Occupation, Shoemaker

10. Father's Birthplace, Bald City

● Name of Medical Attendant, Mary E. Miller or other person who makes this Return.

Address, N. Dallas St. No. 114 new

Remarks,



RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

First

9-9-1865

1. Sex, (state whether male or female)

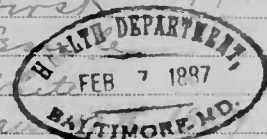
Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Jan



4. Place of Birth, (Street and Number)

39 Hawthorn

5. Full Name of Mother,

Clara Reutcher

6. Mother's Maiden Name,

Clara Reutcher

7. Mother's Birthplace,

Germany

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Dr. Blum

Address,

76 Columbia Ave

Remarks,

or person to be recovered as other dues and forfeitures are recoverable.

RETURN OF A BIRTH

91466.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Color*
1. Sex, (state whether male or female) *Female*
2. Race or Color, (if not of the white race)
3. Date of Birth, *17th Jan 1887*
4. Place of Birth, (Street and Number) *728 Kent Ave*
5. Full Name of Mother, *Anna Pressman*
6. Mother's Maiden Name, *Wilton*
7. Mother's Birthplace, *Baltimore*
8. Full Name of Father, *George Pressman*
9. Father's Occupation, *Coal Miner*
10. Father's Birthplace, *Baltimore*
- Name of Medical Attendant, or other Person who makes this Return, *Elizabeth Jewell*
- Address, *516 Kent Ave*
- Remarks,

For each offence to be recovered as other fees and forfeitures are recoverable.

RETURN OF A BIRTH 91461

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

Sex, (state whether male or female.) Female

Race or Color, (if not of the white race) White

Date of Birth, Jan 17th 1887

Place of Birth, (Street and Number) 147 N Schroeder St

Full Name of Mother, Annie Schwabe

Mother's Maiden Name,

Mother's Birthplace, Germany

Full Name of Father, M. B. Schwabe

Father's Occupation, Salesman

Father's Birthplace, Germany

Name of Medical Attendant, or other Person who makes this Return. J. H. Brantland

Address, 907 Redmondson Ave

Remarks,

RETURN OF A BIRTH *91468.*

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Third

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

January 17

4. Place of Birth, (Street and Number)

No 95, Ridgely St

5. Full Name of Mother,

Maggie Lighter

6. Mother's Maiden Name,

Maggie Blunt

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Joseph Lighter

9. Father's Occupation,

Laborer

10. Father's Birthplace,

Howard Co Maryland

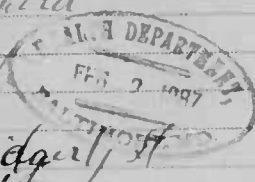
Name of Medical Attendant, or other Person who makes this Return.

Mr. Catharine Seebach

Address,

No 735 N Pratt Street

Remarks,



RETURN OF A BIRTH 91469.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether male or female), *Male*

2. Race or Color (if not of the white race), *White*

3. Date of Birth, *1/19/1887*

4. Place of Birth (Street and Number), *537 S Bond St*

5. Full Name of Mother, *Maria gas*

6. Mother's Maiden Name, *Maria Muly*

7. Mother's Birthplace, *Bohemia*

8. Full Name of Father, *Jan Gas*

9. Father's Occupation, *Miller*

10. Father's Birthplace, *Bohemia*

Name of Medical Attendant, or other person who makes this Return.

Mary Kopliak

Address, *163 Washington St*

Remarks,



RETURN OF A BIRTH 91470

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) Jewish

3. Date of Birth, Jan 17 1887

4. Place of Birth, (Street and Number) 401 Orleans St

5. Full Name of Mother, Belle Fischer

6. Mother's Maiden Name, Frank

7. Mother's Birthplace, Balt. Md

8. Full Name of Father, Emanuel Fischer

9. Father's Occupation, Dry Goods

10. Father's Birthplace, Germany

Name of Medical Attendant, or other Person who makes this Return, Mrs R. Heller

Address, 1302 Holladay

Remarks,

RETURN OF A BIRTH 91471.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st Child.

1. Sex (state whether male or female),

Female

2. Race or Color (if not of the white race),

3. Date of Birth,

January 17th. 1887

4. Place of Birth (Street and Number),

No 1002 Lombard St.

5. Full Name of Mother,

Maggie Niebler

6. Mother's Maiden Name,

" " Smith.

7. Mother's Birthplace,

Laufanholtz Bayern

8. Full Name of Father,

Kasper Niebler

9. Father's Occupation,

Baker

10. Father's Birthplace,

Silling

Name of Medical Attendant,

or other person who makes this Return.

Annie Linster

Address,

No 1068. Monroe St.

Remarks,

RETURN OF A BIRTH ⁹¹⁴⁷²

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2
1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, January 17/89
4. Place of Birth, (Street and Number) 778 Saratoga St
5. Full Name of Mother, Estelle M Harford
6. Mother's Maiden Name, " " Adams
7. Mother's Birthplace, MD
8. Full Name of Father, John E Harford
9. Father's Occupation, Clerk
10. Father's Birthplace, MD
- Name of Medical Attendant, or other Person who makes this Return. John D Black
- Address, Cor. S. P. Carroll St.
- Remarks,

who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

91473.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

● Sex (state whether male or female), Male

2. Race or Color (if not of the white race), White

3. Date of Birth, 17 Jan 1887

4. Place of Birth (Street and Number), 214 A Washington St

5. Full Name of Mother, Lina Blummer

6. Mother's Maiden Name, Lina Blummer

7. Mother's Birthplace, Germany

8. Full Name of Father, Edward Blummer

9. Father's Occupation, Butcher

● Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return.

Mary Kephlich

Address, 205 A Washington St

Remarks,



RETURN OF A BIRTH 91494

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

Sex (state whether male or female), Male

Race or Color (if not of the white race), White

Date of Birth, 17 Jan 1887

Place of Birth (Street and Number), 24 Hammond Alley

Full Name of Mother, Barbara Nordman

Mother's Maiden Name, Barbara Sticker

Mother's Birthplace, Bohemia

Full Name of Father, Anton Sticker

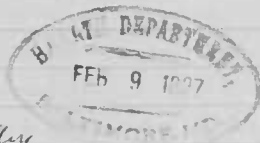
Father's Occupation, Laborer

Father's Birthplace, Bohemia

Name of Medical Attendant, or other person who makes this Return, Mary Kapetish

Address, 165 S Washington St

Remarks,



for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 91475

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,

6th
M.
W.
Jan. 17th 1889
1828 E. Eagle
Emma Bufford
Moore
Maryland
Edw. J. Bufford
Policeman
Maryland
Dr. T. Pennell, M.D.
722 Wisconsin



RETURN OF A BIRTH.

91476

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

3rd

1. Sex (state whether Male or Female)

Female

2. Race or Color (if not of the white race)

Coloured

3. Date of Birth

Jan 18 - 89

4. Place of Birth (Street and Number)

103 Tyson Alley

5. Full Name of Mother

Julia Washington

6. Mother's Maiden Name

7. Mother's Birthplace

Smithville Va

8. Full Name of Father

James Henry Washington

9. Father's Occupation

Butler

Father's Birthplace

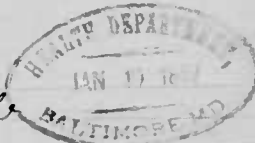
Virginia

Name of Medical Attendant, or other Person who makes this Return.

Rept J. Small M.D.
202 Madison St

Address

Remarks



RETURN OF A BIRTH 91477

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Second*
- Sex, (state whether male or female) *Female*
- Race or Color, (if not of the white race) *White*
- Date of Birth, *January 18th 1887*
- Place of Birth, (Street and Number) *1522 Division St.*
- Full Name of Mother, *Mary Anrealie Hanrahan*
- Mother's Maiden Name, *Leineweaver*
- Mother's Birthplace, *Balto. City*
- Full Name of Father, *J. B. Hanrahan*
- Father's Occupation, *Builder*
- Father's Birthplace, *Balto. City*
- Name of Medical Attendant, or other Person who makes this Return. *J. H. Christian M.D.*
- Address, *1822 Mad. Ave.*
- Remarks,

RETURN OF A BIRTH

91478

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore, City.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

Sex, (state whether male or female) female

Race or Color, (if not of the white race) colored

Date of Birth, Monday morning 19 of January

Place of Birth, (Street and Number) Stockholm St 807

Full Name of Mother,

Mother's Maiden Name, Annie Newton

Mother's Birthplace, Washington DC

Full Name of Father, William Brown

Father's Occupation, labor

Father's Birthplace, Washington

Name of Medical Attendant, or other Person who makes this Return, Lucenie Williams

Address, 121 Stockholm St

Remarks, being well considered

for each return to be recovered as other fees and forfeitures are recoverable.

RETURN OF A BIRTH 91479

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) _____

3. Date of Birth, 18 January

4. Place of Birth, (Street and Number) 9 St. High

5. Full Name of Mother, Marie Rhoetter

6. Mother's Maiden Name, Cobler

7. Mother's Birthplace, Germany

8. Full Name of Father, Louis Rhoetter

9. Father's Occupation, Tin-smith

10. Father's Birthplace, Germany

Name of Medical Attendant, or other Person who makes this Return. Sarah Cooper

Address, 72 E. Lombard street

Remarks, _____



GIVEN NAME ADDED 2-1-55

RETURN OF A BIRTH 91480

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

David Cherington

A Mitchell

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

● Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,

RETURN OF A BIRTH 91481

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

Sex, (state whether male or female) Male

Race or Color, (if not of the white race) Colored

Date of Birth, January 18th 1891

Place of Birth, (Street and Number) 1712 Eden St.

Full Name of Mother, Kate Marshall (Morse)

Mother's Maiden Name, Forrester

Mother's Birthplace, Annamindel County

Full Name of Father, Benj. Marshall

Father's Occupation, Rod carrier

Father's Birthplace, Calvert County

Name of Medical Attendant, or other Person who makes this Return. Sarah Rollins

Address,

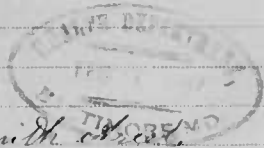
Remarks,

RETURN OF A BIRTH.

91482

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Fourth
☒ Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth January 18, 1882
4. Place of Birth, (Street and Number) No 1602 Kingwith Street
5. Full Name of Mother, Sarah Crew
6. Mother's Maiden Name, Sarah McCallagh
7. Mother's Birthplace, Pennsylvania
8. Full Name of Father, Robert Crew
9. Father's Occupation, Contractor
10. Father's Birthplace, Pennsylvania
Name of Medical Attendant, or other Person who makes this Return, Aug. A. Otwell M.D.
Address, 1241 N. Howard Ave
Remarks, _____



RETURN OF A BIRTH 9/483

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether ~~male~~ or female),

2. Race or Color (if not of the white race),

3. Date of Birth,

4. Place of Birth (Street and Number),

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks,

January 18th 1887

S. E. cor. Paul & Lexington St

Mary Margretha Timbuck

Windsor
Baltimore

Charles August Timbuck

Iron S. Boulder

Baltimore

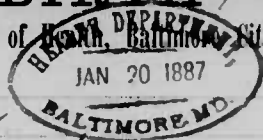
Miss Munn

100 Madison Hall St.

RETURN OF A BIRTH

91484

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

Sex, (state whether male or female)

male

2. Race or Color, (if not of the white race)

ballad

3. Date of Birth,

Baltimore January the 18th 1887

4. Place of Birth, (Street and Number)

Baltimore H 2268 Pearl St

5. Full Name of Mother,

Anna Sara Boodley

6. Mother's Maiden Name,

Anna Washington

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

George Boodley

9. Father's Occupation,

writer

10. Father's Birthplace,

Tolchester County

Name of Medical Attendant, or other Person who makes this Return.

Dorah Luell

Address,

114 Jasper St Baltimore

Remarks,

RETURN OF A BIRTH 91485

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) W

3. Date of Birth, Jan. 11 1885

4. Place of Birth, (Street and Number) # 10124 S. E. St.

5. Full Name of Mother, Caroline Heichert

6. Mother's Maiden Name, Shaefer

7. Mother's Birthplace, Baltimore

8. Full Name of Father, John Heichert

9. Father's Occupation, Collector

10. Father's Birthplace, Prussia

Name of Medical Attendant, or other Person who makes this Return, Mary Koch

Address, # 328 S. E. St.

Remarks,

RETURN OF A BIRTH 91486

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st

1. Sex (state whether male or female),

Male

2. Race or Color (if not of the white race),

3. Date of Birth,

Jan. 18 1887

4. Place of Birth (Street and Number),

1715 Jefferson St.

5. Full Name of Mother,

Katharine Altvater Theban

6. Mother's Maiden Name,

Katharine Altvater

7. Mother's Birthplace,

Balt. Md.

8. Full Name of Father,

Robert Henry Theban

9. Father's Occupation,

Builder

10. Father's Birthplace,

Balt. Md.

Name of Medical Attendant, or other person who makes this Return.

G. Glawille, M.D.

Address,

2000 E. Balt. St.

Remarks,

Delivered with forceps



RETURN OF A BIRTH. 9/487

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

3^d

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth

Jan'y 18th 1887

4. Place of Birth, (Street and Number)

412 N. Carey

5. Full Name of Mother,

Sarah Louisa Rice

6. Mother's Maiden Name,

Sarah Louisa Smith

7. Mother's Birthplace,

Chestertown Maryland

8. Full Name of Father,

Lamorne Rice

9. Father's Occupation,

Merchant

10. Father's Birthplace,

Chestertown Maryland

Name of Medical Attendant, or other Person who makes this Return.

J. Harvey Hill M.D.

Address,

807 Arlington Ave.

Remarks,



for each offence to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

91488

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Jan 18/87

4. Place of Birth, (Street and Number)

1022 N. Carrollton Ave

5. Full Name of Mother,

Annie Whitby

6. Mother's Maiden Name,

" Muller

7. Mother's Birthplace,

Maryland

8. Full Name of Father,

A. S. Whitby

9. Father's Occupation,

Grocer

10. Father's Birthplace,

Maryland

Name of Medical Attendant, or other Person who makes this Return

Thomas Opie M.D.

Address,

600 N. Howard St

Remarks,

RETURN OF A BIRTH 91489

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether male or female),

2. Race or Color (if not of the white race),

3. Date of Birth,

4. Place of Birth (Street and Number),

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks,

RETURN OF A BIRTH. 91498

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

6th

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth

15th January, 1882

4. Place of Birth, (Street and Number)

High Street

5. Full Name of Mother,

Magdalena Schrat

6. Mother's Maiden Name,

Meyer

7. Mother's Birthplace,

Germania

8. Full Name of Father,

Georg Schrat

9. Father's Occupation,

Hotel-keeper

10. Father's Birthplace,

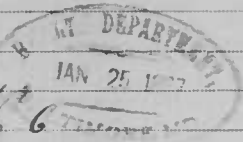
Germania

Name of Medical Attendant, or other Person who makes this Return.

Address,

Elizabeth St. No. 1622 Caroline Thway

Remarks,



THIS FORM IS TO BE FURNISHED BY CLERKS WHOSE NAMES ARE PRINTED HEREIN TO RECORDERS.

RETURN OF A BIRTH 91491

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st.

1. Sex, (state whether male or female) female

2. Race or Color, (if not of the white race) white

3. Date of Birth, Jan. 18th 1887

4. Place of Birth, (Street and Number) 118 Granby St.

5. Full Name of Mother, Anna Schapiro

6. Mother's Maiden Name, " Rosenburg

7. Mother's Birthplace, Europe

8. Full Name of Father, Moritz Schapiro

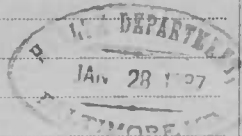
9. Father's Occupation, Tailor

10. Father's Birthplace, Europe

Name of Medical Attendant, or other Person who makes this Return, Mrs. C. Bernstein

Address, 122 S. Exeter St.

Remarks,



RETURN OF A BIRTH 91492

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

3

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Jan. 18 1887

4. Place of Birth, (Street and Number)

No 14 N. Bond St.

5. Full Name of Mother,

Mary Carr

6. Mother's Maiden Name,

Mary Gardner

7. Mother's Birthplace,

Baltimore Md

8. Full Name of Father,

Edward Carr

9. Father's Occupation,

Coach Painter

10. Father's Birthplace,

Baltimore Md

Name of Medical Attendant, or other Person who makes this Return.

M. H. Carter M.D.

Address,

Calverton Baltimore Md.

Remarks,



RETURN OF A BIRTH 91493.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if nat of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return,

Address,

Remarks,

RETURN OF A BIRTH 91494.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

Sex (state whether male or female), Male

2. Race or Color (if not of the white race), White

3. Date of Birth, 13 Jan 1881

4. Place of Birth (Street and Number), 173 N. Gough St

5. Full Name of Mother, Antoinette Hillick

6. Mother's Maiden Name, Antonia Supinski

7. Mother's Birthplace, Bohemia

8. Full Name of Father, Michael Hillick

9. Father's Occupation, Tailor

10. Father's Birthplace, Bohemia

Name of Medical Attendant, or other person who makes this Return, Dr. J. K. H. H. H.

Address, 165 N. Washington St

Remarks,



CERTIFICATE CORRECTED 2-25-52

RETURN OF A BIRTH

911195

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: *George William Gibson*
No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2*

Sex (state whether male or female), *Male*

2. Race or Color (if nat of the white race), *White*

3. Date of Birth, *15 Jan 1907*

4. Place of Birth (Street and Number), *342 A Cambridge St*

5. Full Name of Mother, *Marcella Gibson*

6. Mother's Maiden Name, *Marcella Reshney*

7. Mother's Birthplace, *Denmark*

8. Full Name of Father, *Charles Gibson*

9. Father's Occupation, *Clerk*

10. Father's Birthplace, *Denmark*

Name of Medical Attendant, or other person who makes this Return. *May Koptuch*

Address, *205 A Washington St*

Remarks,



RETURN OF A BIRTH *91496.*

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mather, (state whether 1st, 2d, 3d, &c.) *4*

Sex (state whether male or female), *Male*

2. Race or Color (if not of the white race), *White*

3. Date of Birth, *18 Jan 1887*

4. Place of Birth (Street and Number), *245 Lenoxville*

5. Full Name of Mother, *Barbara Klein*

6. Mather's Maiden Name, *Barbara Klein*

7. Mother's Birthplace, *Bohemia*

8. Full Name of Father, *Charles Klein*

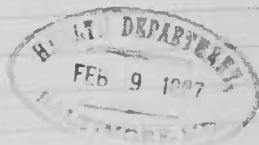
9. Father's Occupation, *Tailor*

10. Father's Birthplace, *Bohemia*

Name of Medical Attendant, or other person who makes this Return.

Address, *2054 Washington St*

Remarks,



GIVEN NAME ADDED 9-26-49

CERTIFICATE CORRECTED 9-26-49

RETURN OF A BIRTH 91497

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4 Joseph Francis Cihak

1. Sex (state whether male or female), Male

2. Race or Color (if not of the white race), White

3. Date of Birth, 189... 1887

4. Place of Birth (Street and Number), 405 Durham St

5. Full Name of Mother, Annie Kasper

6. Mother's Maiden Name, Annie Kasper

7. Mother's Birthplace, Bohemia

8. Full Name of Father, Joseph Cihak

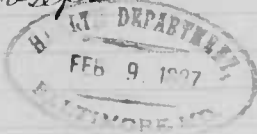
9. Father's Occupation, Laborer

10. Father's Birthplace, Bohemia

Name of Medical Attendant, or other person who makes this Return, Mary Kypelid

Address, 205 A Maryland St

Remarks,



RETURN OF A BIRTH 91498

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex (state whether male or female), Female

2. Race or Color (if not of the white race), White

3. Date of Birth, 18 Jan 1887

4. Place of Birth (Street and Number), 7806 E. Lombard St

5. Full Name of Mother, Lelia Kraft

6. Mother's Maiden Name, Lelia Schenck

7. Mother's Birthplace, Germany

8. Full Name of Father, George Kraft

9. Father's Occupation, Tailor

10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Mary Kaptis h

Address, 65 A Washington St

Remarks,



RETURN OF A BIRTH 91429

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex (state whether male or female), Female

2. Race or Color (if not of the white race), White

3. Date of Birth, 15 Dec 1887

4. Place of Birth (Street and Number), 414 1/2 Duane St

5. Full Name of Mother, Antonia Kuhn

6. Mother's Maiden Name, Antonia Kuhn

7. Mother's Birthplace, Bohemia

8. Full Name of Father, Joseph Kuhn

9. Father's Occupation, Tailor

10. Father's Birthplace, Bohemia

Name of Medical Attendant, or other person who makes this Return, Mary Keftich

Address, 25 N Washington St

Remarks,



CIVIL NAME ADDED: 1-25-55

RETURN OF A BIRTH 91500

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Elizabeth Schaefer
No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female) *Female*
2. Race or Color, (if not of the white race) *white*
3. Date of Birth, *Jan 18th 1887*
4. Place of Birth, (Street and Number) *508 La at,*
5. Full Name of Mother, *Katie Schaefer*
6. Mother's Maiden Name, *Stine*
7. Mother's Birthplace, *Balto.*
8. Full Name of Father, *George Schaefer*
9. Father's Occupation, *Hatter*
10. Father's Birthplace, *Balto.*
- Name of Medical Attendant, or other Person who makes this Return, *L. L. Budding*
- Address, *146 S. Paca st.*
- Remarks,

RETURN OF A BIRTH 91501

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Second Child

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Tuesday Jan 21 1897

4. Place of Birth, (Street and Number)

116 Oregon St Baltimore Md

5. Full Name of Mother,

Charlotte Wildon

6. Mother's Maiden Name,

Charlotte Hartman

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Richard H. Wildon

9. Father's Occupation,

Bookbinder

10. Father's Birthplace,

Baltimore Md

Name of Medical Attendant, or other Person who makes this Return.

Mrs. Leback

Address,

No 733 W Pratt St Baltimore

Remarks,

RETURN OF A BIRTH 91502

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race)

3. Date of Birth, Jan 18 4 1884

4. Place of Birth, (Street and Number) 126 Bond St

5. Full Name of Mother, Katy Brees

6. Mother's Maiden Name, " J. Beam

7. Mother's Birthplace, City

8. Full Name of Father, Fritz Brees

9. Father's Occupation, Laner

10. Father's Birthplace, City

Name of Medical Attendant, or other Person who makes this Return, Lizzie Brees

Address, 126 Bond St

Remarks,

RETURN OF A BIRTH 91223

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. Sex (state whether male or female), female

2. Race or Color (if not of the white race), white

3. Date of Birth, Jan'y 18 1887 3 a.m.

4. Place of Birth (Street and Number), 634 Brown St.

5. Full Name of Mother, S. Malinda McFrederick

6. Mother's Maiden Name, " " Lepsom

7. Mother's Birthplace, Md.

8. Full Name of Father, J. H. McFrederick

9. Father's Occupation, Policeman

10. Father's Birthplace, Md.

Name of Medical Attendant, or other person who makes this Return.

G. Lane Van Dyke

Address,

922 Madison Ave.

Remarks,



RETURN OF A BIRTH

91504

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

3

1. Sex (state whether male or female),

Male
White

2. Race or Color (if not of the white race),

3. Date of Birth,

Jan 18 - 1887

4. Place of Birth (Street and Number),

221 N. Washington
Rosalie Christy

5. Full Name of Mother,

6. Mother's Maiden Name,

" Masch
Bohemian

7. Mother's Birthplace,

8. Full Name of Father,

Christoph Rochlitz

9. Father's Occupation,

Laborer
Bohemian

10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return.

Josephine Conrad
1621 Barnes St

Address,

Remarks,

(City -

RETURN OF A BIRTH ⁹¹⁵⁰⁵

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

John Henry Chaney
No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *3rd.*

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

3. Date of Birth,

17th Jan, 1887

4. Place of Birth, (Street and Number)

No. 602 Eden St.

5. Full Name of Mother,

Amalie Chaney

6. Mother's Maiden Name,

Amalie White.

7. Mother's Birthplace,

Baltimore.

8. Full Name of Father,

Leonard Chaney

9. Father's Occupation,

Drug Clerk

10. Father's Birthplace,

Baltimore.

Name of Medical Attendant, or other Person who makes this Return.

Louisa Schulte

Address,

No. 1850 Chew St.

Remarks,

GIVEN NAME ADDED. *6-5-53*

H-M.

HEALTH DEPARTMENT

BALTIMORE, MD.

COVER NAME ADDED. 12-8-55

RETURN OF A BIRTH.

91506

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Henry August Becker
 No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *Second*
 1. Sex, (state whether male or female) *Male*
 2. Race or Color, (if not of the white race) *White*
 3. Date of Birth *January 12th 1887*
 4. Place of Birth, (Street and Number) *Concordia Home - Entaw St*
 5. Full Name of Mother, *Rebecca Eszobath Becker*
 6. Mother's Maiden Name, *Rebecca Roebuck Roedel*
 7. Mother's Birthplace, *Baltimore*
 8. Full Name of Father, *August Becker*
 9. Father's Occupation, *Janitor*
 10. Father's Birthplace, *Baltimore*
 Name of Medical Attendant, or other Person who makes this Return, *John Morris, M.D.*
 Address, *B'p. 118 Franklin St.*
 Remarks,

for each offense to be recovered as often as the filer and the filer are respectively.

RETURN OF A BIRTH.

91507

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *10th*
1. Sex (state whether Male or Female) *Male*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *Jan 19th 1887*
4. Place of Birth (Street and Number) *No. 85 Park*
5. Full Name of Mother *Mary L. Diehl*
6. Mother's Maiden Name *" " Fremin*
7. Mother's Birthplace *Paris, France.*
8. Full Name of Father *John Diehl*
9. Father's Occupation *Barber*
10. Mother's Birthplace *Grand Duchy of Darmstadt, Germany.*
- Name of Medical Attendant, or other Person who makes this Return. *Frank W. German M.D.*
- Address *322 St. Francis St.*
- Remarks



RETURN OF A BIRTH ⁹¹⁵⁰⁸

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Leah Jane Hollic Child*
1. Sex, (state whether male or female) *Baltimore female*
2. Race or Color, (if not of the white race) *Color*
3. Date of Birth, *born the 19 of June 1893*
4. Place of Birth, (Street and Number) *Baltimore 1015 plain street*
5. Full Name of Mother, *Leah Jane Hollic*
6. Mother's Maiden Name, *Leah Jane Green*
7. Mother's Birthplace, *Baltimore Md*
8. Full Name of Father, *Samuel Hollic*
9. Father's Occupation, *labor*
10. Father's Birthplace, *Kent island*
- Name of Medical Attendant, or other Person who makes this Return *Dr. J. H. H. H.*
- Address, *Number 7 4th Street*
- Remarks, *Child name Rachel Eliza Beth Hollic*

This form is to be filled out by the Registrar of Vital Statistics, Board of Health, Baltimore City, and is to be filed in the office of the Registrar of Vital Statistics, Board of Health, Baltimore City.

RETURN OF A BIRTH 91809

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex (state whether male or female), female

2. Race or Color (if not of the white race), White

3. Date of Birth, 8 January 1895

4. Place of Birth (Street and Number), Sudrich St. No. 1824

5. Full Name of Mother, Mary Hutison

6. Mother's Maiden Name, Mary Dean

7. Mother's Birthplace, Carter's shore N. S.

8. Full Name of Father, Edward Hutison

9. Father's Occupation, Blacksmith

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Mrs. S. Kelley

Address, No 1623 Pratt St

Remarks,

RETURN OF A BIRTH

98510

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether male or female),

2. Race or Color (if not of the white race),

3. Date of Birth,

4. Place of Birth (Street and Number),

5. Full Name of Mother.

6. Mother's Maiden Name.

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks,

Female

White

January the 17th 1870

Freemont st No 1510

Anna Frances Freburger

Anna France

Baltimore

Oliver B. Freburger

laborer

Baltimore

Mrs S. Kelly

No 16 23 Pratt st

who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 91511

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex (state whether male or female),

Female

2. Race or Color (if nat of the white race),

3. Date of Birth,

January 19 1887

4. Place of Birth (Street and Number),

1425 E. Pratt St.

5. Full Name of Mother,

Etta John

6. Mother's Maiden Name,

Zink

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Jacob John

9. Father's Occupation,

Store-keeper

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other person who makes this Return.

Mary Thon

Address,

1425 E. Pratt St.

Remarks,

For each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 91512

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8
1. Sex (state whether male or female), Male
2. Race or Color (if not of the white race),
3. Date of Birth, May 14 1887
4. Place of Birth (Street and Number), 202 S. Baltimore St.
5. Full Name of Mother, Virginia Walter
6. Mother's Maiden Name, Walter
7. Mother's Birthplace, Virginia
8. Full Name of Father, Charles Walter
9. Father's Occupation, Lawyer
10. Father's Birthplace, Baltimore
11. Name of Medical Attendant, Mary Stein
or other person who makes this Return.
- Address, 1427 E. Pratt St.
- Remarks,

For each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

91513

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

6th

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

January 13th 1887

4. Place of Birth, (Street and Number)

816 Lyden street

5. Full Name of Mother,

Annie Jenkins

6. Mother's Maiden Name,

Annie Armstrong

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

James Jenkins

9. Father's Occupation,

Porter

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return.

Arthur Holman

Address,

434 N. Monument St.

Remarks,

?

of persons who have been convicted of any crime, shall be subject to the same of the law of the State of Maryland, and shall be subject to the same of the law of the State of Maryland, and shall be subject to the same of the law of the State of Maryland.

RETURN OF A BIRTH 91514

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

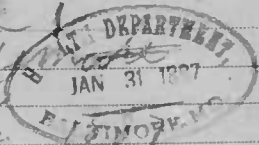
9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,



for each child to be recovered as other data and signatures are recovered, lie.

White
19th Jan
192 Noddies st
Mary Hall
Mary Union
A. Beato Country
John Hall
straw hat maker
Alexandria Va
Mrs Bunge
416 Cross st

RETURN OF A BIRTH 91515

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd Child.
1. Sex, (state whether male or female) Female.
2. Race or Color, (if not of the white race) White.
3. Date of Birth, 19th Day of January '87.
4. Place of Birth, (Street and Number) 986 Union St.
5. Full Name of Mother, Eliza Virginia Crockett
6. Mother's Maiden Name, Eliza Virginia Crockett
7. Mother's Birthplace, Baltimore
8. Full Name of Father, John Frederick Gar.
9. Father's Occupation, Tin Roofer.
10. Father's Birthplace, Baltimore City.
11. Name of Medical Attendant, or other Person who makes this Return, Susan Hunter.
- Address, 21223 Bayview St.
- Remarks,

for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 91516

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.).....

1. Sex, (state whether male or female).....

2. Race or Color, (if not of the white race).....

3. Date of Birth.....

4. Place of Birth, (Street and Number).....

5. Full Name of Mother,.....

6. Mother's Maiden Name,.....

7. Mother's Birthplace,.....

8. Full Name of Father,.....

9. Father's Occupation,.....

10. Father's Birthplace,.....

Name of Medical Attendant, or other Person who makes this Return.

Address,.....

Remarks,.....



John H. Smith
116 E. Street
Long St. Home
Long St. Home
Baltimore
John H. Smith
Baltimore
Baltimore
Mrs. M. C. G. H. H.
116 E. Street

off persons as having been born in Baltimore City, and for each offence to be recovered as other laws and regulations are recoverable.

RETURN OF A BIRTH 91517

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Sixth Child.

1. Sex (state whether male or female),

Female

2. Race or Color (if not of the white race),

White

3. Date of Birth,

January 19 " 1887

4. Place of Birth (Street and Number),

55 Hamster and Annapolis St.

5. Full Name of Mother,

Mary Siney

6. Mother's Maiden Name,

Mary Wallen

7. Mother's Birthplace,

Ireland

8. Full Name of Father,

J. Siney

9. Father's Occupation,

Liquor store

10. Father's Birthplace,

Ireland

11. Name of Medical Attendant, or other person who makes this Return.

Miss Wiley

Address,

No 611 Patterson Park. Ave.

Remarks,

For each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 91518

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether male or female),

2. Race or Color (if not of the white race),

3. Date of Birth,

4. Place of Birth (Street and Number),

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

11. Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks,

January 1907

No 615 S. Bond St.

State Muoh

Moser

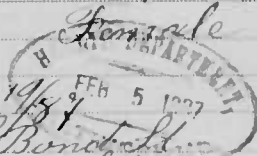
Baltimore

Gustav Muoh

Barbier

Baltimore

Mrs. Louise Kraft
No 405 S. Washington St.



Who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 9519

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 12th Joseph

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) Negro

3. Date of Birth, Jan 19 1887

4. Place of Birth, (Street and Number) Maternity (112 S. 113 W. Front and 101)

5. Full Name of Mother, Willie Cole

6. Mother's Maiden Name, Willie Taylor

7. Mother's Birthplace, Maryland

8. Full Name of Father, John Cole

9. Father's Occupation, Sailor

10. Father's Birthplace, Maryland

Name of Medical Attendant, or other Person who makes this Return, M. D. Spradling M.D.

Address, 12015 W. Highland St

Remarks,

for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 91520

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

● Sex (state whether male or female), Male

2. Race or Color (if not of the white race), White

3. Date of Birth, 9 Jan 1887

4. Place of Birth (Street and Number), 227 1/2 Dallas St

5. Full Name of Mother, Mary Delany

6. Mother's Maiden Name, Mary Delany

7. Mother's Birthplace, Germany

8. Full Name of Father, Thomas P. Henry

9. Father's Occupation, Laborer

● 10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Mary Koplisch

Address, 105 1/2 Washington St

Remarks,



This should be returned to the Registrar of Vital Statistics, Baltimore City, for each office, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 91821

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

Sex (state whether male or female), Male

2. Race or Color (if not of the white race), White

3. Date of Birth, 19 Jan 1887

4. Place of Birth (Street and Number), 513 N Euclid St

5. Full Name of Mother, Francis Leonard

6. Mother's Maiden Name, Francis Hong

7. Mother's Birthplace, Germany

8. Full Name of Father, William Henry

9. Father's Occupation, Laborer

10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return. Mary Kiptosh

Address, 265 A Washington St

Remarks,



RETURN OF A BIRTH 91522

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

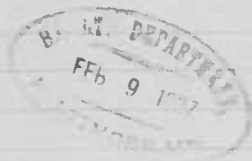
1. Sex (state whether male or female), Male
2. Race or Color (if not of the white race), White
3. Date of Birth, 19 Jan 1887
4. Place of Birth (Street and Number), 52 N Biddle St
5. Full Name of Mother, Mary Kofwald
6. Mother's Maiden Name, Mary Rimes
7. Mother's Birthplace, Bohemia
8. Full Name of Father, James Kofwald
9. Father's Occupation, Laborer
10. Father's Birthplace, Bohemia

Name of Medical Attendant, or other person who makes this Return, Mary Kofwald

Address, 105 N. Washington St

Remarks,

Use Compulsory of Health, in the manner that within and passed above requires, and any person who neglects to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.



RETURN OF A BIRTH 91523

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. Sex (state whether male or female), Male

2. Race or Color (if not of the white race), White

3. Date of Birth, 19 Jan 1897

4. Place of Birth (Street and Number), 522 E. Avenue 4th

5. Full Name of Mother, Francis Panish

6. Mother's Maiden Name, Francis Hajak

7. Mother's Birthplace, Bohemia

8. Full Name of Father, Joseph Panish

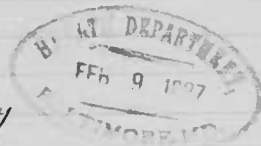
9. Father's Occupation, Tailor

10. Father's Birthplace, Bohemia

Name of Medical Attendant, or other person who makes this Return, Mary Kephik

Address, 1631 Washington St

Remarks,



for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 91524

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. Sex (state whether male or female), Male

2. Race or Color (if not of the white race), White

3. Date of Birth, 19 Jan 1887

4. Place of Birth (Street and Number), 375 Bond St

5. Full Name of Mother, Lizzie Gell

6. Mother's Maiden Name, Mary Koptish Lizzie Gell

7. Mother's Birthplace, Bohemia

8. Full Name of Father, Joseph Koptish

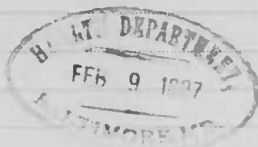
9. Father's Occupation, Laborer

10. Father's Birthplace, Bohemia

Name of Medical Attendant, or other person who makes this Return, Mary Koptish

Address, 265 N. Broad St

Remarks,



for each offence, to be recovered as other fines and forfeitures are recoverable.

be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of five (5) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 91825

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) Caucasian

3. Date of Birth, Feb 13, 1897

4. Place of Birth, (Street and Number) 1541 N. Rutledge St

5. Full Name of Mother, Margaret Sheridan

6. Mother's Maiden Name, Margaret Sheridan

7. Mother's Birthplace, Riverstown, Md

8. Full Name of Father, Regin Sheridan

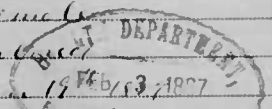
9. Father's Occupation, Farmer

10. Father's Birthplace, Howard Co. Md.

Name of Medical Attendant, or other Person who makes this Return, Hester Holman

Address, 434 N. Monument St

Remarks,



RETURN OF A BIRTH ^{91526.}

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3
1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) _____
3. Date of Birth, January 19
4. Place of Birth, (Street and Number) Baltimore Montgomery st 111
5. Full Name of Mother, Lousia Mola
6. Mother's Maiden Name, Louisa Donly
7. Mother's Birthplace, Prussia
8. Full Name of Father, Modest Mola
9. Father's Occupation, Tailor
10. Father's Birthplace, Prussia
11. Name of Medical Attendant, or other Person who makes this Return, Mrs M. Shaffer
- Address, 1139 Ridge
- Remarks, _____



RETURN OF A BIRTH 91827

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *8*
1. Sex, (state whether male or female) *Male*
2. Race or Color, (if not of the white race)
3. Date of Birth, *Jan 17 1887*
4. Place of Birth, (Street and Number) *620 Canton ave*
5. Full Name of Mother, *Annie Willows*
6. Mother's Maiden Name, " " *Bucher*
7. Mother's Birthplace, *City*
8. Full Name of Father, *Howard Willows*
9. Father's Occupation, *Lutera*
10. Father's Birthplace, *City*
- Name of Medical Attendant, or other Person who makes this Return, *Suzzy P. City*
- Address, *120 Bank St*
- Remarks,

RETURN OF A BIRTH

91528.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether male or female),

2. Race or Color (if not of the white race),

3. Date of Birth,

4. Place of Birth (Street and Number),

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks,

for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH *91529.*

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *5th*

1. Sex, (state whether male or female) *Female*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *July 19/87*

4. Place of Birth, (Street and Number) *1427 N. Charles St. (Hotel Desch)*

5. Full Name of Mother, *Elizabeth Desch*

6. Mother's Maiden Name, *Clawes*

7. Mother's Birthplace, *Prussia*

8. Full Name of Father, *Geo. J. Desch*

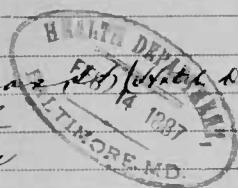
9. Father's Occupation, *Hotel Keeper*

10. Father's Birthplace, *city*

Name of Medical Attendant, or other Person who makes this Return, *Geo. D. Blake*

Address, *602 S. Broadway*

Remarks,



for each return to be received as other laws and regulations are necessary.

RETURN OF A BIRTH 91530

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 the
1. Sex, (state whether male or female) Boy
2. Race or Color, (if not of the white race) Withe
3. Date of Birth, 20 January
4. Place of Birth, (Street and Number) 24 Felix Street
5. Full Name of Mother, Marie Kadoska
6. Mother's Maiden Name, Kadoska
7. Mother's Birthplace, Solang Germany
8. Full Name of Father, John Kadosky
9. Father's Occupation,
10. Father's Birthplace, Wöngrowice Germany
Name of Medical Attendant, or other Person who makes this Return Marie Süthner
Address, 728 S. Wolfe Street.
Remarks.

RETURN OF A BIRTH 9 18 31

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

3. Date of Birth,

20 January 1897

4. Place of Birth, (Street and Number)

423 E. Lombard

5. Full Name of Mother,

Katie Smith

6. Mother's Maiden Name,

Petro

7. Mother's Birthplace,

Russia

8. Full Name of Father,

Charles M. Smith

9. Father's Occupation,

Sea-ford man

10. Father's Birthplace,

Russia

Name of Medical Attendant, or other Person who makes this Return

Sarah Casper

Address,

72 E. Lombard

Remarks,

RETURN OF A BIRTH ⁹¹⁵³²

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *3d*
- Sex, (state whether male or female) *Male*
- Race or Color, (if not of the white race) *white*
- Date of Birth, *Jan 14 20 1887*
- Place of Birth, (Street and Number) *16 169 S. Clackson St*
- Full Name of Mother, *Kathleen Bile*
- Mother's Maiden Name, *Stump*
- Mother's Birthplace, *Baltimore*
- Full Name of Father, *Samy Bile*
- Father's Occupation, *Laborer*
- Father's Birthplace, *Balto*
- Name of Medical Attendant, or other Person who makes this Return *Saml P. Sherington*
- Address, *46 535 Center ave*
- Remarks,

any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of not dollars for each offence, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH 91533

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

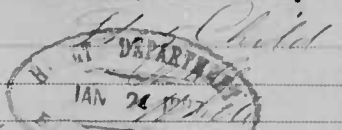
9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,



Child
1st
Female
White
Jan 26 1884
Thos. C. Patterson
No 914 Harbor
Kate Miller
Kate Dutrich
Washington St
Charles Miller
Cigar Maker
Baltimore
Mr Ch. Lauer
No 1059 Harbor
Bal Md
1884

RETURN OF A BIRTH 91534

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st Child

1. Sex (state whether ~~male~~ or female),

2. Race or Color (if not of the white race), White

3. Date of Birth, January the 20, 1887

4. Place of Birth (Street and Number), E. Fayette St. No. 1906

5. Full Name of Mother, Mary Lang

6. Mother's Maiden Name, Mary Bauer

7. Mother's Birthplace, Balt. City

8. Full Name of Father, Joseph Lang

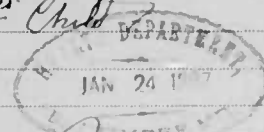
9. Father's Occupation, Cigarren maker

10. Father's Birthplace, Balt. City

Name of Medical Attendant, or other person who makes this Return, Mary E. Muller

Address, W. Dallas St. No. 114

Remarks,



This form is to be filled out by the Registrar of Vital Statistics, Baltimore City, and is to be returned to the Office of Registrar of Vital Statistics, Baltimore City, for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH ^{9153.}

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Sex, (state whether male or female)

Race or Color, (if not of the white race)

Date of Birth.

Place of Birth, (Street and Number)

Full Name of Mother.

Mother's Maiden Name.

Mother's Birthplace.

Full Name of Father.

Father's Occupation.

Father's Birthplace.

Name of Medical Attendant, or other Person who makes this Return

Address.

Remarks.

Second 2nd

Female

White

Jan 20th 1887

1308 N. Washington Street

Maggie Cunningham

Rice.

Baltimore Md

J. Frank Cunningham

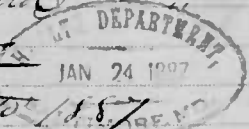
Plasterer

Baltimore Md

Dr. James E. Whiteford

819 -

BA. TIMORE, M



RETURN OF A BIRTH. 91556

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 8
Sex, (state whether male or female) Female
Race or Color, (if not of the white race) white
3. Date of Birth Jan 20 1885
4. Place of Birth, (Street and Number) 511 Salisbury St.
5. Full Name of Mother, Appelonie Carlton Wright
6. Mother's Maiden Name, Appelonie Carlton
7. Mother's Birthplace, St. Marys Co. Md.
8. Full Name of Father, Charles Selden Wright
9. Father's Occupation, Cotton Broker
Father's Birthplace, Richmond Va.
Name of Medical Attendant, or other Person who makes this Return, Wm. H. H. H. M.D.
Address, 807 Lexington Ave.
Remarks,

for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 91537

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Second -

● Sex (state whether male or female),

Male

● Race or Color (if not of the white race),

White

3. Date of Birth,

January 20th 1887

4. Place of Birth (Street and Number),

S. W. Cor. Bethel St. & Eastern Avenue

5. Full Name of Mother,

Alabina Summerh

6. Mother's Maiden Name,

Alabina Henry

7. Mother's Birthplace,

Baltimore, Md.

8. Full Name of Father,

Chas. Summerh

9. Father's Occupation,

Greer

● Father's Birthplace,

Germany

● Name of Medical Attendant, or other person who makes this Return.

Dr. C. Ashby, Jr., M.D.

Address,

700 S. Broadway

Remarks,

for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 9/1/38

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

First

Sex, (state whether male or female)

White male

Race or Color, (if not of the white race)

White

3. Date of Birth,

January 20th 1887

4. Place of Birth, (Street and Number)

Cor Mount Vernon St

5. Full Name of Mother,

Carrie Shagagae

6. Mother's Maiden Name,

Carrie Canner

7. Mother's Birthplace,

Barto Mo

Shagagae

8. Full Name of Father,

Friedrich Shagagae

9. Father's Occupation,

Merchant

Father's Birthplace,

Germany, Illinois

Name of Medical Attendant, or other Person who makes this Return.

H. H. Hinner

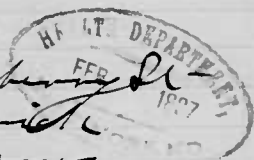
Address,

Remarks,

RETURN OF A BIRTH 91539

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd ~~consequent~~ & 3rd child
1. Sex (state whether male or female), Female
2. Race or Color (if not of the white race), White
3. Date of Birth, Jan 26th
4. Place of Birth (Street and Number), 522 Mulberry St
5. Full Name of Mother, Mrs. D. D. Frick
6. Mother's Maiden Name, Miss Alice C. Jones
7. Mother's Birthplace, Calif.
8. Full Name of Father, D. D. Frick
9. Father's Occupation, Express man B & O R.R.
10. Father's Birthplace, Pa.
11. Name of Medical Attendant, or other person who makes this Return. H. F. Hill M.D.
- Address, Edmund Schriever St
- Remarks,



For each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH ⁹¹⁵⁴⁰

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,

Male
White
January 26th 1887
1453 Hull St
Mary A Coans
Mary A. Rogers
England
Morgan Coans
Stevedore
England
L. B. Noble, MD
301 N. Howard St

RETURN OF A BIRTH 91541

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female).

~~White~~ Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

January 20th 1887

4. Place of Birth, (Street and Number)

Baltimore Johnston St. No. 1275

5. Full Name of Mother,

Mary ~~Black~~ Jones

6. Mother's Maiden Name,

Mary Black

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

John Jones

9. Father's Occupation,

Brick Layer

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return

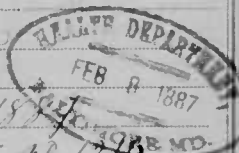
D. J. Tully

Address,

1828 Light St

Remarks,

doing well



RETURN OF A BIRTH 91542

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st

1. Sex, (state whether male or female)

male

2. Race or Color, (if not of the white race)

Colored

3. Date of Birth,

Jan 20th 1887

4. Place of Birth, (Street and Number)

824 Canton st

5. Full Name of Mother,

Annie King

6. Mother's Maiden Name,

Annie Keeler

7. Mother's Birthplace,

Penn

8. Full Name of Father,

Henry King

9. Father's Occupation,

Porter

10. Father's Birthplace,

Commerce Co. Md

Name of Medical Attendant, or other Person who makes this Return.

Flutie Holman

Address,

434 W Monument st

Remarks,

Not to be used for any other purpose than for the purpose for which it was issued.

RETURN OF A BIRTH ⁹¹⁵⁴³

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 10 Samuel
1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Jan 29, 1887
4. Place of Birth, (Street and Number) 207 S. Caroline St
5. Full Name of Mother, Sarah Spicketer
6. Mother's Maiden Name, Sarah Priguer
7. Mother's Birthplace, Russia
8. Full Name of Father, Simon Spicketer
9. Father's Occupation, Cigar maker
10. Father's Birthplace, Russia
- ☒ Name of Medical Attendant, or other Person who makes this Return. E. Scherman
- Address, Albemarle St. at 103.
- Remarks,

RETURN OF A BIRTH ⁹¹⁵⁴⁹

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2^d

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

21st of January

4. Place of Birth, (Street and Number)

103 S. Wolf Street

5. Full Name of Mother,

Margaretta Müller

6. Mother's Maiden Name,

Margaretta Bäcker

7. Mother's Birthplace,

Germany

8. Full Name of Father,

Georg Müller

9. Father's Occupation,

Stumpinger

10. Father's Birthplace,

Germany

Name of Medical Attendant,

or other Person who makes this Return

Mrs. Ida Hill

Address,

207 S. Castle Street

Remarks,

|||||



RETURN OF A BIRTH 91548

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

11. Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,



RETURN OF A BIRTH 91546

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Jan 3

4. Place of Birth, (Street and Number)

16 E. Lee St

5. Full Name of Mother,

Mrs. Charles Brannock

6. Mother's Maiden Name,

Grant

7. Mother's Birthplace,

Philadelphia Pa

8. Full Name of Father,

Chas. F. Brannock

9. Father's Occupation,

Carpenter

10. Father's Birthplace,

Kent County Md

Name of Medical Attendant, or other Person who makes this Return

W. B. Schmitt M.D.

Address,

953 N. Broadway

Remarks,

Any person or persons who shall neglect or refuse to comply with the provisions of this section shall be subject to a fine of ten dollars for each offense, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH 9154)

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

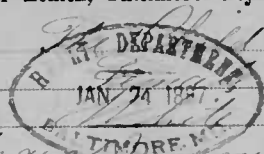
9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,



The 21st of January 88
No 32 Northboro St

Anna Schuhl

Anna Arnold

Baltimore

W. R. Gehl

Shoemaker

Baltimore

Mrs Ch. Sauer

No 1059 Gayord St

Bal Md

1886

RETURN OF A BIRTH ⁹¹⁵⁴⁸

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,

The Child
Female
DEPARTMENT
JAN 24 1907
Age 21 at Birth
No 1025 Dallas St

Mary Zimmer
Mary H. Nicklesman
Baltimore
George Zimmer
Tailor
Germany

Mrs Ch. Sauer
No 1059 Harper St
Bal Md
1887

RETURN OF A BIRTH *9/18/49*

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Third 3rd*
1. Sex, (state whether male or female) *Male*
2. Race or Color, (if not of the white race) _____
3. Date of Birth, *January 21st 1887*
4. Place of Birth, (Street and Number) *803 Columbia Ave*
5. Full Name of Mother, *Mary Schwarz*
6. Mother's Maiden Name, *Mary Knell*
7. Mother's Birthplace, *Baltimore Md.*
8. Full Name of Father, *Anthony Schwarz*
9. Father's Occupation, *Cigar Manufacturer*
10. Father's Birthplace, *Baltimore Md*
- Name of Medical Attendant, or other Person who makes this Return. *Susan Shenton*
- Address, *2123 N Poppleton St*
- Remarks. _____

RETURN OF A BIRTH. 9/550

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *Third*
1. Sex, (state whether male or female) *Male*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth *January 21 1887*
4. Place of Birth, (Street and Number) *Hope Street, near Howard*
5. Full Name of Mother, *Margaret Martin*
6. Mother's Maiden Name, *Margaret Costello*
7. Mother's Birthplace, *Maryland*
8. Full Name of Father, *William Martin*
9. Father's Occupation, *Clerk*
10. Father's Birthplace, *Maryland*
- Name of Medical Attendant, or other person who makes this Return. *Aug. A. Clewett, M.D.*
- Address, *1241 Howard Ave*
- Remarks, _____



RETURN OF A BIRTH 91551

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Na. of Child of Mather, (state whether 1st, 2d, 3d, &c.) *8. Child*

1. Sex (state whether male or female), *Female*

2. Race or Color (if not of the white race), *white*

3. Date of Birth, *21. January.*

4. Place of Birth (Street and Number), *Eutaw. N. 844.*

5. Full Name of Mother, *Mary Drucker*

6. Mather's Maiden Name, *Mary Marxsteiner*

7. Mather's Birthplace, *Germany*

8. Full Name of Father, *George Drucker*

9. Father's Occupation, *Bricklayer*

10. Father's Birthplace, *Germany*

11. Name of Medical Attendant, or other person who makes this Return, *Mrs. Münch*

Address, *10 Leadenhall Street*

Remarks, *Black*



RETURN OF A BIRTH 9/15/12

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 211
1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) white race
3. Date of Birth, Jan 21 1880
4. Place of Birth, (Street and Number) Baltimore - William St. 526
5. Full Name of Mother, Eliza Short
6. Mother's Maiden Name, Wiegler
7. Mother's Birthplace, Pennsylvania
8. Full Name of Father, John Short
9. Father's Occupation, McKinnon - Chemist
10. Father's Birthplace, England
- Name of Medical Attendant, or other Person who makes this Return, Elizabeth Hallen
- Address, Light St. 1514
- Remarks,

RETURN OF A BIRTH *9/553*

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

6 Child

Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

Caucasian

3. Date of Birth,

21 January 1887

4. Place of Birth, (Street and Number)

214 Sever St.

5. Full Name of Mother,

Laura Harris

6. Mother's Maiden Name,

L. C.

7. Mother's Birthplace,

Annapolis County

8. Full Name of Father,

Henry Harris

9. Father's Occupation,

Stone cutter

10. Father's Birthplace,

Virginia

Name of Medical Attendant, or other Person who makes this Return.

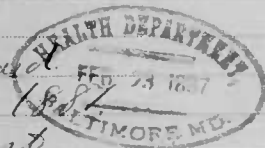
Anna Maria Wilson

Address,

712 Peach Alley

Remarks,

Between Henry & Hamberg



for each affiance to be recovered as other laws and ordinances are recoverable.

RETURN OF A BIRTH 91554

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

5th

1. Sex (state whether male or female),

male

2. Race or Color (if not of the white race),

White

3. Date of Birth,

Jan 21st

4. Place of Birth (Street and Number),

1011 So Charles St

5. Full Name of Mother,

Louisa Dorr

6. Mother's Maiden Name,

Louisa Bertram

7. Mother's Birthplace,

Germany

8. Full Name of Father,

William Dorr

9. Father's Occupation,

Lock-Smith

10. Father's Birthplace,

Germany

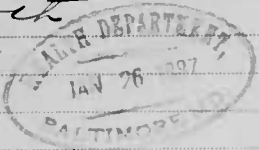
Name of Medical Attendant, or other person who makes this Return.

Hellegonda Shyiv

Address,

529 Columbia Ave

Remarks,



RETURN OF A BIRTH ⁹¹⁵⁵⁵

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Jan. 21 - 1887

4. Place of Birth, (Street and Number)

No 1522 Baker St

5. Full Name of Mother,

Jennie Nelson

6. Mother's Maiden Name,

Jennie Robinson

7. Mother's Birthplace,

West Va

8. Full Name of Father,

Wm Otterbein Nelson

9. Father's Occupation,

Sic. Prod Life Ass

10. Father's Birthplace,

Virginia

Name of Medical Attendant,

or other Person who makes this Return

W H Carter M.D.

Address,

Cabotum Baltimore Md

Remarks,



RETURN OF A BIRTH *91556*

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

Feb

1. Sex, (state whether male or female)

Mall

2. Race or Color, (if not of the white race)

White

3. *Date of Birth*

January 27 - '07 -

7.00 Dgn

4. Place of Birth, (Street and Number)

50 Biddle

5. Full Name of Mother,

Emma M. Bräde

6. *Mother's Maiden Name,*

Emma O'Neil

7. *Mother's Birthplace,*

Baltimore

8. *Full Name of Father,*

Louis Bridle

9. *Father's Occupation,*

Dezmann

10. *Father's Birthplace,*

Baltimore

Name of Medical Attendant, or other Person who makes this Return

Caro Stenbrenner, M.D.,

Address,...

1038 Maple Avenue

Remarks,

RETURN OF A BIRTH 91557

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) Colored

3. Date of Birth, Jan. 21st 1887

4. Place of Birth, (Street and Number) 1211 N. Spring St.

5. Full Name of Mother, Lucy Gibbs

6. Mother's Maiden Name, " "

7. Mother's Birthplace, City

8. Full Name of Father, Could not ascertain

9. Father's Occupation, " "

10. Father's Birthplace, " "

Name of Medical Attendant, or other Person who makes this Return, Edwin B. Peabody, M.D.

Address, 1201 N. Eden St.

Remarks,



RETURN OF A BIRTH 91558

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. Sex, (state whether male or female) Boy

2. Race or Color, (if not of the white race) White

3. Date of Birth, 21 January

4. Place of Birth, (Street and Number) 125 W. 10th St. East

5. Full Name of Mother Margaret Wojcikowski

6. Mother's Maiden Name, Magarda Mikat

7. Mother's Birthplace, Germany

8. Full Name of Father, Stanislaus Wojcikowski

9. Father's Occupation, Father Tailor

10. Father's Birthplace, Prussia

Name of Medical Attendant, or other Person who makes this Return, Auguste Bozian

Address, 929 Sharp St. East

Remarks,

RETURN OF A BIRTH 91559

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Sex, (state whether male or female)

Race or Color, (if not of the white race)

Date of Birth

Place of Birth, (Street and Number)

Full Name of Mother

Mother's Maiden Name

Mother's Birthplace

Full Name of Father

Father's Occupation

Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return

Address

Remarks



1st
Female
Caucasian
January 1st 1891
1005 Laurel Hill Ave

Reinthe West

Fisher

Bridgetown north Hampton Colde

George West

Waiter

Calvert County Md

Annie Johnson

701 Tyson street

Missing # 91560

A- 91560

1872 - Cert. f. cate. F. led in 1887.

Vol- 8- Page- 155.

The Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 9156

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Seventh

1. Sex (state whether male or female),

Female

2. Race or Color (if not of the white race),

3. Date of Birth,

Jan 24, 87

4. Place of Birth (Street and Number),

No 311 N. Carroll St

5. Full Name of Mother,

Lue S. Hunt

6. Mother's Maiden Name,

" Burger

7. Mother's Birthplace,

Delaware

8. Full Name of Father,

John B. Hunt

9. Father's Occupation,

Druggist

10. Father's Birthplace,

Balto

Name of Medical Attendant, or other person who makes this Return.

Mary A. Allen

Address,

912 Mc Donogh St

Remarks,

RETURN OF A BIRTH

71562

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 10

Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race)

3. Date of Birth,

Jan 21 1891

4. Place of Birth, (Street and Number)

623

How st

5. Full Name of Mother,

Anne Gummer

6. Mother's Maiden Name,

" " Rosamiller

7. Mother's Birthplace,

Germany

8. Full Name of Father,

Andrew Gummer

9. Father's Occupation,

Shoe Maker

10. Father's Birthplace,

Germany

Name of Medical Attendant, or other Person who makes this Return.

Lizz Betz

Address,

126 Lomb st

Remarks,

For each return to be returned as other data and certificates are provided.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return,

Address,

Remarks,

HEALTH
White

Jan 21st 1887

No. 529 N. Carrollway St.

Mary E. Simms

Sivan

Balto City

Jos L. Simms (deceased)

(late) Store dealer

Balto City

R. C. Lee

Hanover St

for each offence to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 91564.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,

RETURN OF A BIRTH

91565

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

3. Date of Birth,

January 21st

4. Place of Birth, (Street and Number)

No 907 Lexington st

5. Full Name of Mother,

Mary Eliza France

6. Mother's Maiden Name,

" " Harvey

7. Mother's Birthplace,

Montgomery Co. Md.

8. Full Name of Father,

Charles Andrew France

9. Father's Occupation,

Cigar Maker

10. Father's Birthplace,

Baltimore city Md.

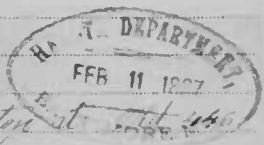
Name of Medical Attendant, or other Person who makes this Return.

Address,

Mrs Linder

Remarks,

600 North Starobor St



RETURN OF A BIRTH 91567

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex (state whether male or female),

Female

2. Race or Color (if not of the white race),

3. Date of Birth,

January 22 1887

4. Place of Birth (Street and Number),

1515 Bank St.

5. Full Name of Mother,

Annie Overgonn

6. Mother's Maiden Name,

Stet

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Geo. Overgonn

9. Father's Occupation,

Laborer

10. Father's Birthplace,

Germany

Name of Medical Attendant, or other person who makes this Return.

Harry Steine

Address,

1427 E. Pratt St.

Remarks,

for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 91565.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex (state whether male or female), Male

2. Race or Color (if not of the white race),

3. Date of Birth, May 22 1887

4. Place of Birth (Street and Number), 218 E. Pratt St.

5. Full Name of Mother, Kate Meyforth

6. Mother's Maiden Name, Collins

7. Mother's Birthplace, Baltimore

8. Full Name of Father, John E. Meyforth

9. Father's Occupation, Barber

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Mary Stein

Address, 1427 E. Pratt St.

Remarks,

For each offense, to be recorded as other than and forfeiture are recoverable.

or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable,

RETURN OF A BIRTH 91569

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

1. Sex, (state whether male or female) male

2. Race or Color, (if not of the white race) Colored

3. Date of Birth, Jan 22 1871

4. Place of Birth, (Street and Number) 741 Little P George St

5. Full Name of Mother,

6. Mother's Maiden Name, Carrie Virginia Brown

7. Mother's Birthplace, Annapolis Md

8. Full Name of Father, John Henry Gurry

9. Father's Occupation, Painter

10. Father's Birthplace, Baltimore Md

Name of Medical Attendant, or other Person who makes this Return, Lucy Cornish

Address, 906 Jordan Alley

Remarks,

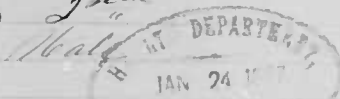
RETURN OF A BIRTH 91570

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2nd

1. Sex (state whether male or female),



2. Race or Color (if not of the white race),

3. Date of Birth,

Jan 22. 1887

4. Place of Birth (Street and Number),

1424 E. Fayette St.

5. Full Name of Mother,

Mrs. Elizabeth Gertrude Carey Hand

6. Mother's Maiden Name,

Mrs. Elizabeth Gertrude Carey

7. Mother's Birthplace,

Balt. Md.

8. Full Name of Father,

Thomas Aitchison Hand

9. Father's Occupation,

Cray Manufacturer

10. Father's Birthplace,

Balt. Md.

Name of Medical Attendant, or other person who makes this Return.

W. Glazville, M.D.

Address,

2000 E. Baltimore St.

Remarks,

Natural delivery.

RETURN OF A BIRTH 91571

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) W.

3. Date of Birth, May 2 1887

4. Place of Birth, (Street and Number) 429 So. Baltimore

5. Full Name of Mother, Mary E. Batshuler

6. Mother's Maiden Name, Spencer

7. Mother's Birthplace, B.C.

8. Full Name of Father, W. A. Batshuler

9. Father's Occupation, Mechanic

10. Father's Birthplace, B.C.

Name of Medical Attendant, or other Person who makes this Return, Dr. L. D. Miller

Address, 226 S. Broadway

Remarks,

RETURN OF A BIRTH 91572.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th

1. Sex (state whether male or female), Female

2. Race or Color (if not of the white race), White

3. Date of Birth, January 7/

4. Place of Birth (Street and Number), 535 C. St. C.

5. Full Name of Mother, Kate M. Engleton

6. Mother's Maiden Name, Kate M. Carr

7. Mother's Birthplace, Baltimore

8. Full Name of Father, George J. Engleton

9. Father's Occupation, Bureau Butcher

10. Father's Birthplace, Baltimore

11. Name of Medical Attendant, or other person who makes this Return, Mary E. Price

Address, 1611 E. Monument St.

Remarks,



For each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 91573

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 12d.

1. Sex, (state whether male or female) female

2. Race or Color, (if not of the white race)

3. Date of Birth, Jan 22nd 1887

4. Place of Birth, (Street and Number) No 1044 Penna. St.

5. Full Name of Mother, Leticia Stanglin

6. Mother's Maiden Name, " Wood

7. Mother's Birthplace, England

8. Full Name of Father, Gustave Adolph Stanglin

9. Father's Occupation, Carpenter

10. Father's Birthplace, Germany

Name of Medical Attendant, or other Person who makes this Return, Mrs. W. Mannel, Midwife

Address, L. Stanglin 1044 Penna. St. Balt. Md.

Remarks,



RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether male or female),

2. Race or Color (if not of the white race),

3. Date of Birth,

4. Place of Birth (Street and Number),

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks,



Male
White
Jan 28 1897
22 of 1st St.
Annie Bailey
Annie Bailey
Baltimore
Patrick Bailey
Labors
Ireland
Patricia Bailey
City of Baltimore
St. Patrick's Catholic
Annie Bailey
Germany

RETURN OF A BIRTH 91575

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

First Child

1. Sex (state whether male or female),

Female

2. Race or Color (if not of the white race),

White

3. Date of Birth,

227 January

4. Place of Birth (Street and Number),

1235

5. Full Name of Mother,

Willie Marchant

6. Mother's Maiden Name,

Willie Cooper

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Wm. Marchant

9. Father's Occupation,

Laborer

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other person who makes this Return.

William A. Wickham

Address,

227 West

Remarks,



For each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH ⁹¹⁵⁷⁶

of Registrar of Vital Statistics, Board of Health, Baltimore City.

Mother, (state whether 1st, 2d, 3d, &c.) 7

Sex (male or female) Female Record

Color (if not of the white race) Colored

22 South

(Street and Number) Northlight St. 1747

Father, Sarah Williams Sarah Williams

Mother's Name, Sarah Giles

Place, Baltimore

Father, Antony Samuel Giles

Place, South

Place, Baltimore

Attest, or other Person who makes this Return.

Beth St. 224 South



This must be completed and returned with the particulars of this return and be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 91577.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

3

1. Sex (state whether male or female),

Female

2. Race or Color (if not of the white race),

3. Date of Birth,

January 22, 1882

4. Place of Birth (Street and Number),

No 539 10 Lombard St

5. Full Name of Mother,

Martha Bormann

6. Mother's Maiden Name,

Brown

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Charles Bormann

9. Father's Occupation,

Laborer

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other person who makes this Return.

Mrs. Louise Craft

Address,

No 405 S Washington St

Remarks,

RETURN OF A BIRTH ^{91578.}

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st

Sex, (state whether male or female)

Male.

2. Race or Color, (if not of the white race)

3. Date of Birth,

January 22nd

4. Place of Birth, (Street and Number)

534 Kanawha.

5. Full Name of Mother,

Lilli A. Wilbar,

6. Mother's Maiden Name,

" " Swindell.

7. Mother's Birthplace,

Balto. City.

8. Full Name of Father,

Reuben Holmes Wilbar,

9. Father's Occupation,

clerk.

10. Father's Birthplace,

Balto. City.

Name of Medical Attendant, or other Person who makes this Return.

R. J. H. Tall. M. D.

Address,

152 Sharp. St.

Remarks,



RETURN OF A BIRTH 91579.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9

1 Sex (state whether male or female),

Male

2 Race or Color (if not of the white race),

White

3 Date of Birth,

22 Jan

1888

4 Place of Birth (Street and Number),

Washington Street 1346

5 Full Name of Mother,

Mary Warden

6 Mother's Maiden Name,

Mary Gordon

7 Mother's Birthplace,

Baltimore

8 Full Name of Father,

Theodore Warden

9 Father's Occupation,

Carpenter

10 Father's Birthplace,

Baltimore

Name of Medical Attendant, or other person who makes this Return,

Miss L. P. Brown

Address,

1600 N. Yester Street

Remarks,

For each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 91580

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 14

Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth, 1. 22. 87.

4. Place of Birth, (Street and Number) 1323 Hollins St.

5. Full Name of Mother, Luella Goodman,

6. Mother's Maiden Name, May

7. Mother's Birthplace, Martinsburg Va.

8. Full Name of Father, F. S. Goodman,

9. Father's Occupation, Pharmacist

Father's Birthplace, Annapolis Md.

Name of Medical Attendant, or other Person who makes this Return.

Levi W. Eastman

Address,

349 Lexington St

Remarks, Natural Labor.

RETURN OF A BIRTH 91381.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

First (only)

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

Negro

3. Date of Birth,

Jan. 22nd 1887

4. Place of Birth, (Street and Number)

Maternity (1138-115) W. Howard St.

5. Full Name of Mother,

Elizabeth Neal

6. Mother's Maiden Name,

do

7. Mother's Birthplace,

Virginia

8. Full Name of Father,

do

9. Father's Occupation,

do

10. Father's Birthplace,

do

Name of Medical Attendant, or other Person who makes this Return.

A. P. Spraxling, M.D.

Address,

Maternity Hospital

Remarks,

do

For each offspring to be recovered as other lines and notations are recovered.

RETURN OF A BIRTH 9/582.

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

6th

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Jan 22nd 1887

4. Place of Birth, (Street and Number)

1834 Linden Ave

5. Full Name of Mother,

Ella Hudson

6. Mother's Maiden Name,

Gordon

7. Mother's Birthplace,

Maryland

8. Full Name of Father,

E. P. Hudson

9. Father's Occupation,

Civil Engineer

10. Father's Birthplace,

New York

Name of Medical Attendant, or other Person who makes this Return.

Address,

E. H. Gurney
76 S. Paca St

Remarks,



RETURN OF A BIRTH 91583.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

3rd

Sex, (state whether male or female)

male

2. Race or Color, (if not of the white race)

Colored

3. Date of Birth,

Jan. 22,

4. Place of Birth, (Street and Number)

576 Orchard street

5. Full Name of Mother,

Anne Bell

6. Mother's Maiden Name,

Simpson

7. Mother's Birthplace,

Baltimore City

8. Full Name of Father,

James Bell

9. Father's Occupation,

Sailor

Father's Birthplace,

Venice

Name of Medical Attendant, or other person who makes this return.

Annie Johnson

Address,

710 Tyson street

Remarks,



RETURN OF A BIRTH

91554

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

8th

Sex, (state whether male or female)

Male

Race or Color, (if not of the white race)

White

Date of Birth,

22 Dec., 1888

Place of Birth, (Street and Number)

1405 Hollins St.

Full Name of Mother,

Ruth H. Adams

Mother's Maiden Name,

Huslop

Mother's Birthplace,

Balt.

Full Name of Father,

John W. Adams

Father's Occupation,

House-Furnisher

Father's Birthplace,

Balt.

Name of Medical Attendant,

or other Person who makes this Return

John Hook

Address,

1403 W. Fayette

Remarks,

RETURN OF A BIRTH 91585.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st.

1 Sex (state whether male or female),

Male

2 Race or Color (if not of the white race),

3 Date of Birth,

Jan 22nd 1788

4 Place of Birth (Street and Number),

1328 S. Gilman St.

5 Full Name of Mother,

Mrs. Louisa Gummery Young

6 Mother's Maiden Name,

Miss Louisa Gummery Young

7 Mother's Birthplace,

Balt. Md.

8 Full Name of Father,

James Thompson Graham

9 Father's Occupation,

Book keeper

10 Father's Birthplace,

Balt. Md.

Name of Medical Attendant, or other person who makes this Return.

H. Glanville, M.D.

Address,

2000 E. Balt. St.

Remarks,

Delivered with forceps

RETURN OF A BIRTH 91586.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, Jan 28 1897

4. Place of Birth, (Street and Number) # 509 West 7th

5. Full Name of Mother, Augusta Berger

6. Mother's Maiden Name, Lehman

7. Mother's Birthplace, Prussia

8. Full Name of Father, Gustav Berger

9. Father's Occupation, Machinist

10. Father's Birthplace, Prussia

Name of Medical Attendant, or other Person who makes this Return, Thos. M. ...

Address, # 125 E. ...

Remarks, ...

RETURN OF A BIRTH 91587

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2nd*
 Sex, (state whether male or female) *Female*
 Race or Color, (if not of the white race) *White*
 Date of Birth, *" Sat 22nd Jan 1887*
 Place of Birth, (Street and Number) *114 W. Frederick St*
 Full Name of Mother, *Mary A. Totzauer*
 Mother's Maiden Name, *" " Walsh*
 Mother's Birthplace, *Manchester - England -*
 Full Name of Father, *Francois A. Totzauer*
 Father's Occupation, *Barber*
 Father's Birthplace, *Warsaw Poland*
 Name of Medical Attendant, or other Person who makes this return *Wm. L. B. Spencer*
 Address, *112. Old 225. E. Pratt St. Baltimore*
 Remarks, *H.V.*

RETURN OF A BIRTH 91588.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mather, (state whether 1st, 2d, 3d, &c.)

Addye Goldsmith

☒ Sex (state whether male or female),

2. Race or Color (if not of the white race),

3. Date of Birth,

4. Place of Birth (Street and Number),

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

☒ Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks,

GIVEN NAME ADDED.

8 - 13 - 52



RETURN OF A BIRTH 91589

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

First (1st)

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Jan 22 1889

4. Place of Birth, (Street and Number)

Matunite 1125 115th St. Frederick

5. Full Name of Mother,

Maggie Smith

6. Mother's Maiden Name,

Do

7. Mother's Birthplace,

Maryland

8. Full Name of Father,

Do

9. Father's Occupation,

Do

10. Father's Birthplace,

Do

Name of Medical Attendant, or other Person who makes this Return.

W. P. Sprackling M.D.

Address,

Matunite

Remarks,

RETURN OF A BIRTH 91590.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, 22 January 1887

4. Place of Birth, (Street and Number) 101 Pratt

5. Full Name of Mother, Emma K. Lingard

6. Mother's Maiden Name, Emma Coffman

7. Mother's Birthplace, Germany

8. Full Name of Father, Henry S. Lingard

9. Father's Occupation, Butler

10. Father's Birthplace, Germany

Name of Medical Attendant, or other Person who makes this Return, Mrs. Dunbar

Address, 60 Schuader St

Remarks,

RETURN OF A BIRTH 91591.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) Colored

3. Date of Birth, Jan 28 1887

4. Place of Birth, (Street and Number) Millers Alley 111

5. Full Name of Mother, Mary Pittman

6. Mother's Maiden Name, Mary Gail

7. Mother's Birthplace, Eastern Shore Md

8. Full Name of Father, Gilbert Pittman

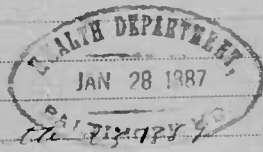
9. Father's Occupation, Laborer

10. Father's Birthplace, East Millers

Name of Medical Attendant, or other Person who makes this Return. Dr. Milman

Address, 115 N. Hughes St

Remarks,



covered as other lines and fortunes are recoverable.

for each ed.

RETURN OF A BIRTH 91592

Registrar of Vital Statistics, Board of Health, Baltimore City.

Age, (state whether 1st, 2d, 3d, &c.)

Sex (male or female)

Race (not of the white race)

Street and Number

Mother

Father's Name

Birthplace

Occupation of Father

Occupation

Birthplace

Name of Medical Attendant, or other Person who makes this Return

Address

Male

White

July 23rd 1887
41

Emmie Lyons Mallam

Emmie Lyons

Ireland

James Mallam

Carpenter

Ireland

Dr. C. B. Hanks
59 Cambridge

RETURN OF A BIRTH 91593.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *3d*

Sex (state whether male or female), *Female*

2. Race or color, (if not of the white race), *Caucasian*

3. Date of Birth, *Jan 20 1897*

4. Place of Birth (Street and Number), *28 Stoddard St*

5. Full Name of Mother, *Leora Taylor*

6. Maiden Name, *Leora Wilson*

7. Mother's Birthplace, *Bucks Ind*

8. Full Name of Father, *John Taylor*

9. Father's Occupation, *Farmer*

10. Father's Birthplace, *Smith Carolina*

Name of Medical Attendant, or other person who makes this Return, *Jane Broadland*

Address, *16 Remond*

Residence

For each offence to be covered as other fines and forfeitures are recoverable.

1 Stationers.

RETURN OF A BIRTH 91594

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex (state whether male or female), female

2. Race or Color (if not of the white race), White

3. Date of Birth, January the 2nd 1894

4. Place of Birth (Street and Number), Parish St. at No. 11

5. Full Name of Mother, Bridgit Buckley

6. Mother's Maidea Name, Bridgit Buckley

7. Mother's Birthplace, Ireland

8. Full Name of Father, Daniel Buckley

9. Father's Occupation, Laborer

10. Father's Birthplace, Ireland

Name of Medical Attendaat, or other person who makes this Return, Mrs. S. Buckley

Address, No 10 23 Pratt St

Remarks,

RETURN OF A BIRTH. 91595

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *First*
- Sex, (state whether male or female) *Female*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth *January 23, 1887*
4. Place of Birth, (Street and Number) *Harford rd. opp. Barclay Park (Conn'd)*
5. Full Name of Mother, *Kate Farley*
6. Mother's Maiden Name, *Kate M. Carwin*
7. Mother's Birthplace, *Maryland*
8. Full Name of Father, *William Farley*
9. Father's Occupation, *Blacksmith*
10. Father's Birthplace, *Maryland*
- Name of Medical Attendant, *or other Person who makes this Return.* *Aug. H. Clowell M.D.*
- Address, *1741 Harford ave*
- Remarks,

For each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 91596.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

14th

Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Jan. 23, 1887

4. Place of Birth, (Street and Number)

34 Cannon St.

5. Full Name of Mother,

Annie Jull

6. Mother's Maiden Name,

Annie Higgins

7. Mother's Birthplace,

Balt.

8. Full Name of Father,

John Jull

9. Father's Occupation,

Laborer

Father's Birthplace,

Balt.

Name of Medical Attendant, or other Person who makes this Return.

Mary S. L. L. L.

Address,

72 E. Superior St.

Remarks,



For each offense to be recovered as other laws and ordinances are enforceable.

RETURN OF A BIRTH.

91597.

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c) 1

1. Sex (state whether Male or Female) female

2. Race or Color (if not of the white race) African

3. Date of Birth Jan 31 1907

4. Place of Birth (Street and Number) Wayne Street 40

5. Full Name of Mother Fane Brown

6. Mother's Maiden Name Fane Bailey

7. Mother's Birthplace Baltimore

8. Full Name of Father Alfred Brown

9. Father's Occupation labor

10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return.

Address Dr. Julia Johnson
35 Wayne Street

Remarks

RETURN OF A BIRTH ²¹⁵⁷⁸

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7

Sex, (state whether male or female) Male

Race or Color, (if not of the white race) White

Date of Birth, 2. 3

Place of Birth, (Street and Number) Durst alley 1213

Full Name of Mother, Emma Jane Smith

Mother's Maiden Name, Emma J. Barnes

Mother's Birthplace, Baltimore

Full Name of Father, Charles A. Smith

Father's Occupation, Laborer

Father's Birthplace, Germany

Name of Medical Attendant, Mrs. Conway

or other Person who
makes this Return

Address, _____

Remarks, _____

RETURN OF A BIRTH 91599.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,

or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. ⁹¹⁶⁰

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) ²

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth

23

Jan

4. Place of Birth, (Street and Number)

48

Waller St

5. Full Name of Mother,

Regenna Otto Eich

6. Mother's Maiden Name,

" " Kline

7. Mother's Birthplace,

Germany

8. Full Name of Father,

Otto Eich

9. Father's Occupation,

Brass Moulder

10. Father's Birthplace,

Germany

Name of Medical Attendant, or other Person who makes this Return.

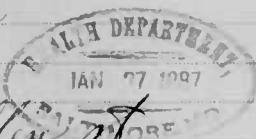
Physician J. J. J. J.

Address,

1536

Cotton Ave

Remarks,



Report the birth to the Registrar of Vital Statistics, Baltimore City, as soon as possible, and if possible, before the child is one month old. If the birth is reported after the child is one month old, the Registrar will not accept the return unless it is accompanied by a certificate from the physician or person who shall hereafter fail to comply with the provisions of this section, shall be subject to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 91601

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *One child*

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth

Jan 26

4. Place of Birth, (Street and Number)

209 Park

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

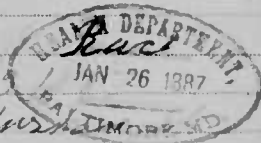
10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,

Lucinda Taylor
130 Register



report the birth to the Registrar of Vital Statistics, Baltimore City, within the time specified in the regulations, and for each offence to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH *91602.*

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this return.

Address,

Remarks,

8th

DEPARTMENT
1921 JAN 26 1927

1921

Louisa H. Nelker

Louisa H. Nelker

Baltimore

A. H. Nelker

Merchant

Germany

F. J. Pennington

400 Cathedral

For each offense to be recovered as other laws and forfeitures are recoverable.

RETURN OF A BIRTH 91602.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

3

1. Sex (state whether male or female),

Male

2. Race or Color (if not of the white race),

White

3. Date of Birth,

2d of January

1907

4. Place of Birth (Street and Number),

22 N. Liberty St.

5. Full Name of Mother,

Lizzie Meyer

6. Mother's Maiden Name,

Lizzie Gold

7. Mother's Birthplace,

Prussia

8. Full Name of Father,

Joseph Meyer

9. Father's Occupation,

Teacher

10. Father's Birthplace,

Prussia

Name of Medical Attendant, or other person who makes this Return.

Esther Criswick

Address,

22 N. Liberty St.

Remarks,

Who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (\$10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2

1. Sex (state whether male or female),

Female

2. Race or Color (if not of the white race),

3. Date of Birth,

January 23, 1898

4. Place of Birth (Street and Number),

No 322 S. Wolf St.

5. Full Name of Mother,

Hannie Mahoney

6. Mother's Maiden Name,

Hergert

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Edward Mahoney

9. Father's Occupation,

Laborer

10. Father's Birthplace,

Baltimore

Name of Medical Attendant,

or other person who makes this Return.

Mrs. Louise Srafl.

Address,

No 405 S. Washington St.

Remarks,

RETURN OF A BIRTH

71603

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2

1. Sex (state whether male or female),

Female

2. Race or Color (if not of the white race),

3. Date of Birth,

January 23, 1897
No 405 S. Washington St.

4. Place of Birth (Street and Number),

5. Full Name of Mother,

Maggie Meschedelberger
Schleyer

6. Mother's Maiden Name,

7. Mother's Birthplace,

Germany

8. Full Name of Father,

Symatz Meschedelberger
Tailor

9. Father's Occupation,

10. Father's Birthplace,

Germany

Name of Medical Attendant, or other person who makes this Return.

Mr. Louis C. Kraft
No 405 S. Washington St.

Address,

Remarks,

who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH *91606*

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st*

1. Sex, (state whether male or female) *male*

2. Race or Color, (if not of the white race) *white*

3. Date of Birth, *Jan 31 1897*

4. Place of Birth, (Street and Number) *711 North Ave*

5. Full Name of Mother, *Agnesa Richardson*

6. Mother's Maiden Name, *Agnesa Wolfe*

7. Mother's Birthplace, *Canada*

8. Full Name of Father, *George E. Richardson*

9. Father's Occupation, *Merchant*

10. Father's Birthplace, *New Brunswick*

Name of Medical Attendant, or other Person who makes this Return, *Edmund A. Cringler*

Address, *Edmund A. Cringler*

Remarks,



or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH *girl*

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *3d*

1. Sex, (state whether male or female) *girl*

2. Race or Color, (if not of the white race)

3. Date of Birth, *Jan. 23*

4. Place of Birth, (Street and Number) *301 Penn*

5. Full Name of Mother, *Eva Laprade*

6. Mother's Maiden Name, *Ella Robinson*

7. Mother's Birthplace, *Baltimore*

8. Full Name of Father, *Joseph Laprade*

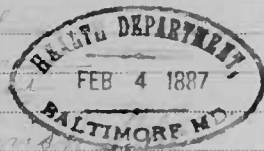
9. Father's Occupation, *Wagoning man*

10. Father's Birthplace, *Baltimore*

Name of Medical Attendant, or other Person who makes this Return, *William G. Smith, D.*

Address, *See David H. H. & Robinson St*

Remarks,



or persons who shall hereafter fill to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other laws and ordinances are recoverable.

RETURN OF A BIRTH 91608

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, Dec. 23rd 1886

4. Place of Birth, (Street and Number) 4460 G. St. Baltimore

5. Full Name of Mother, Marie Schumacher

6. Mother's Maiden Name, Blank

7. Mother's Birthplace, Germany

8. Full Name of Father, Charles Schumacher

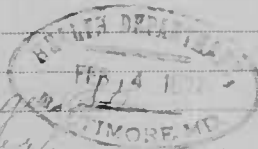
9. Father's Occupation, Blank

10. Father's Birthplace, Balto. Md.

Name of Medical Attendant, or other Person who makes this Return Wm. H. General, M.D.

Address, 1182 G. St. Baltimore

Remarks, 1038. 1st. Number



for each offense to be recovered as other laws and forfeitures are recoverable.

RETURN OF A BIRTH 71609

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st

Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

Caucasian

3. Date of Birth,

Jan 23 1887

4. Place of Birth, (Street and Number)

St. James's Alley

5. Full Name of Mother,

Annie Waters

6. Mother's Maiden Name,

Annie Waters

7. Mother's Birthplace,

Eastern Shore Md

8. Full Name of Father,

Thomas Waters

9. Father's Occupation,

Boatman

10. Father's Birthplace,

Eastern Shore Md

Name of Medical Attendant, or other Person who makes this Return.

Charles Calver

Address,

437 W. Monument St

Remarks,



The Registrar of Vital Statistics, Baltimore City, is empowered by the Board of Health to receive and record all births, and to issue certificates of birth, and to cause to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,

for each offense to be recovered as other laws and forfeitures are recoverable.

RETURN OF A BIRTH 91611

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex, (state whether male or female) female

2. Race or Color, (if not of the white race) Caucasian

3. Date of Birth.

Jan 23rd. 1887

4. Place of Birth, (Street and Number)

3 Hopkins Ave.

5. Full Name of Mother,

Mrs. M. B. Base

6. Mother's Maiden Name,

Seedo

7. Mother's Birthplace.

Hilmington Del.

8. Full Name of Father,

Jno. B. Base

9. Father's Occupation.

Merchant

10. Father's Birthplace,

Virginia

Name of Medical Attendant, or other Person who makes this return.

Paul R. Menick

Address,

420 W. Biddle St.

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st
1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, 23 Jan
4. Place of Birth, (Street and Number) 278 N. Egleston St.
5. Full Name of Mother, Dorah Francis Garrett
6. Mother's Maiden Name, " " Cooper
7. Mother's Birthplace, Balto
8. Full Name of Father, John J. Garrett
9. Father's Occupation, Conductor
10. Father's Birthplace, Balto
- Name of Medical Attendant, or other Person who makes this Return. Mrs. Julia Green
- Address, 940 N. Gay St.
- Remarks, _____



RETURN OF A BIRTH 9/6/13.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race)

3. Date of Birth, Jan 23rd 1881

4. Place of Birth, (Street and Number) 214 Caroline St

5. Full Name of Mother, Emma Lora

6. Mother's Maiden Name, " " Smith

7. Mother's Birthplace, Germany

8. Full Name of Father, Charles Lora

9. Father's Occupation, Tanner

10. Father's Birthplace, Germany

Name of Medical Attendant, or other Person who makes this Return, L. J. B. B.

Address, 125 Bank St

Remarks,

RETURN OF A BIRTH

91614

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

23

4. Place of Birth, (Street and Number)

1526

Asquith St

5. Full Name of Mother,

May R.

6. Mother's Maiden Name,

May R. Ballender

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Jonathan German

9. Father's Occupation,

Plasterer

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return.

Miss Guttridge

Address,

1504 Asquith St

Remarks,

for each offence to be recovered as other fines and forfeitures are recoverable, shall be assigned to the fine of ten (\$10) dollars

RETURN OF A BIRTH *91615*

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Third

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Jan 24 87

4. Place of Birth, (Street and Number)

645 George Street

5. Full Name of Mother,

Fanny Hess

6. Mother's Maiden Name,

Field

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Michael Hess

9. Father's Occupation,

Merchant

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return.

A. Friedman M.D.

Address,

310 N. Euter Street

Remarks,

RETURN OF A BIRTH

91616

of Registrar of Vital Statistics, Board of Health, Baltimore City.

Other, (state whether 1st, 2d, 3d, &c.)

Fourth

er male or female)

Male

f not of the white race)

Caucasian

Jan 24th

(Street and Number)

1808 N Charles

Other,

Name,

Mary E. Bessie

Mary E. Passmore

Place,

Baltimore

ather,

Alfred A. Bessie

tion,

Insurance Agent

Place,

Pennsylvania

l Attendant,

or other Person who
makes this Return.



of persons who shall hereafter be subject to the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

CERTIFICATE CORRECTED 8-2-60

RETURN OF A BIRTH.

91617

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: *Alice Gertrude Jones*
No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *1st*

1. Sex, (state whether male or female) *Female*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth *Jan 24th 1897*

4. Place of Birth, (Street and Number) *140 Williams St*

5. Full Name of Mother, *Alice Jones*

6. Mother's Maiden Name, *Andrew Reed*

7. Mother's Birthplace, *Providence Co. Me*

8. Full Name of Father, *Thomas (Jr) Jones*

9. Father's Occupation, *Book Binder*

10. Father's Birthplace, *Providence Co. Me*

Name of Medical Attendant, or other Person who makes this Return, *Dr. H. W. Colwell*

Address, *16 E. Maryland St*

Remarks,



RETURN OF A BIRTH. ⁹¹⁶¹⁸

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) ⁴

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

3. Date of Birth

Jan 24, 1886

4. Place of Birth, (Street and Number)

S. E. cor of Monument & Dallas St

5. Full Name of Mother,

E. Elizabeth Krug

6. Mother's Maiden Name,

Siedderhose

7. Mother's Birthplace,

Germany

8. Full Name of Father,

E. Ingelhardt Krug

9. Father's Occupation,

Stevedore

10. Father's Birthplace,

Germany

Name of Medical Attendant, or other Person who makes this Return.

Caroline Miller

Address,

#5 Walker St. Baltimore Md.

Remarks,



or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 91619

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male.

2. Race or Color, (if not of the white race) Colad.

3. Date of Birth, 24 of June 1877

4. Place of Birth, (Street and Number) Watery St. 1137. Baltimore

5. Full Name of Mother, Sarah Lurana Anderson.

6. Mother's Maiden Name, Sarah Lurana Myers.

7. Mother's Birthplace, Baltimore.

8. Full Name of Father, Joseph Henry Anderson.

9. Father's Occupation, Barber

10. Father's Birthplace, Canada.

Name of Medical Attendant, or other Person who makes this Return, Dr. James H. Anderson

Address, 1527 E Pratt St

Remarks,

RETURN OF A BIRTH 91620

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)... *The 4 Child*

1. Sex, (state whether male or female).....

2. Race or Color, (if not of the white race).....

3. Date of Birth,.....

4. Place of Birth, (Street and Number).....

5. Full Name of Mother,.....

6. Mother's Maiden Name,.....

7. Mother's Birthplace,.....

8. Full Name of Father,.....

9. Father's Occupation,.....

10. Father's Birthplace,.....

Name of Medical Attendant, or other Person who makes this Return......

Address,.....

Remarks,.....

The 24 of January 1887
No 734 Maryland Ave
Mary E. Quinn
Mary Quinn
Baltimore
Lee C. Keckum
Shipping Clerk
Grace Lane Maryland
Mrs Ch. Lauer
No 10592 Maryland Ave
Bal Md
1887

RETURN OF A BIRTH 91621.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Na. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether male or female),

2. Race or Color (if not of the white race),

3. Date of Birth,

4. Place of Birth (Street and Number),

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

11. Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks,



RETURN OF A BIRTH 91622

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1115

1. Sex (state whether male or female), Male

2. Race or Color (if not of the white race),

3. Date of Birth, January 29/87

4. Place of Birth (Street and Number), No 253 S. Caroline St.

5. Full Name of Mother, Rosalie Lukas

6. Mother's Maiden Name, Webster

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Charles Lukas

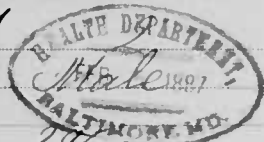
9. Father's Occupation, Paper Hanger

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Mrs. Louise Kraft

Address, No 405 S. Washington St.

Remarks,



RETURN OF A BIRTH 91623

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th

Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

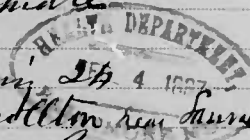
9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,

Female

Jan'y 24 4 1887
Cardellton near Church St
Lizzie Rouse
Murphy
Harford Co.
Wm C. Rouse
Merchant
Harford Co.
H. M. Milson
1008 Mad. Ave.

RETURN OF A BIRTH 9/6/88

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, etc.) First
1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Light brown skin
3. Date of Birth. 24th of Jan 1888
4. Place of Birth, (Street and Number) Shields is ab
5. Full Name of Mother. Ema Wallace
6. Mother's Maiden Name. Wallace
7. Mother's Birthplace. Calvert County Md
8. Full Name of Father. Henry Chase
9. Father's Occupation. Sailor
10. Father's Birthplace. Calvert County Md
- Name of Medical Attendant, or other Person who makes this Return Lizzie Somerville
- Address. Clinton ave 13
- Remarks.



any person or persons who shall knowingly fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offense, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH ⁹¹⁶²⁸

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (~~state whether male or female~~),

2. Race or Color (if not of the white race),

3. Date of Birth, *24 Jan'y 87*

4. Place of Birth (Street and Number), *453 Park Place*

5. Full Name of Mother, *Grace Woodridge*

6. Mother's Maiden Name, *"Ohio" Felke*

7. Mother's Birthplace,

8. Full Name of Father, *Robt A Woodridge*

9. Father's Occupation, *Merchant*

10. Father's Birthplace, *Pa*

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks,

*Geo H. [Signature]
1 Wm. [Signature]*



RETURN OF A BIRTH

91626

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

3rd

Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

white

3. Date of Birth,

Jan. 24th

4. Place of Birth, (Street and Number)

306 Bartlett st.

5. Full Name of Mother,

Katherine Fischer

6. Mother's Maiden Name,

" Schlauch

7. Mother's Birthplace,

Germany

8. Full Name of Father,

Christian Fischer

9. Father's Occupation,

Carpenter

Father's Birthplace,

Germany

Name of Medical Attendant, or other Person who make this Return.

C. L. Badden

Address,

166 S. Paca st.

Remarks,

FOR CIRCULARS OF THE BOARD OF HEALTH, BALTIMORE, MD., SEE THE REGISTRATION OF BIRTHS, DEATHS AND MARRIAGES, BALTIMORE, MD., 1900.

RETURN OF A BIRTH ⁹¹⁶²⁷

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

Sex. (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, Jan 24, 1887

4. Place of Birth, (Street and Number) No 63, E. Lombard St

5. Full Name of Mother, Fannie Gittleson

6. Mother's Maiden Name, Fannie Gittleson Robinson

7. Mother's Birthplace, Russia

8. Full Name of Father, Joe Gittleson

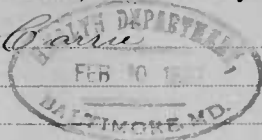
9. Father's Occupation, Manufacturer of Suspenders

Father's Birthplace, Russia

Name of Medical Attendant, or other Person who make this Return. E. Scherman

Address, Highmore St. No 103.

Remarks.



RETURN OF A BIRTH *9/6/28.*

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *4th*

Sex, (state whether male or female) *Female*

2. Race or Color, (if not of the white race) *W.*

3. Date of Birth, *Jan 25/28*

4. Place of Birth, (Street and Number) *416 N. Washington*

5. Full Name of Mother, *Catherine Corbett*

6. Mother's Maiden Name, *Reed*

7. Mother's Birthplace, *Pennsylvania*

8. Full Name of Father, *Henry B. Corbett*

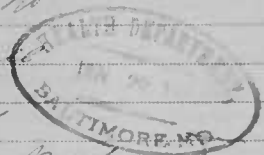
9. Father's Occupation, *Mariner*

10. Father's Birthplace, *Pennsylvania*

Name of Medical Attendant, or other Person who makes this Return *D. L. Williams*

Address, *111 E. 10th St*

Remarks,



for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 91629.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7

1. Sex (state whether male or female), Male

2. Race or Color (if not of the white race), White

3. Date of Birth, 25 of Jan 1897

4. Place of Birth (Street and Number), 824 Madison St

5. Full Name of Mother, Kate Nagel

6. Mother's Maiden Name, Kate Smith

7. Mother's Birthplace, Baltimore

8. Full Name of Father, John Nagel

9. Father's Occupation, Tailor

10. Father's Birthplace, Berlin

Name of Medical Attendant, or other person who makes this Return, Helena Grubbe

Address, 1127 West St

Remarks,

RETURN OF A BIRTH 91630

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex (state whether male or female),

Female

2. Race or Color (if not of the white race),

White

3. Date of Birth,

25th of Jan

4. Place of Birth (Street and Number),

1515 N. 20th St. Baltimore

5. Full Name of Mother,

Josephine Salzman

6. Mother's Maiden Name,

Josephine Groh

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Conrad Salzman

9. Father's Occupation,

Carpenter

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other person who makes this Return.

Salina Grisham

Address,

214 27 2nd St

Remarks,



for each offence, to be recovered as other sure and forfeitures are recoverable.

RETURN OF A BIRTH 91631.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 12th

● Sex (state whether male or female), Male.

2. Race or Color (if not of the white race), White.

3. Date of Birth, Balt Jan 25th 1887

4. Place of Birth (Street and Number), 623 Burke St

5. Full Name of Mother, Louisa Burkely.

6. Mother's Maiden Name, Louisa Rhein.

7. Mother's Birthplace, America.

8. Full Name of Father, Charles Burkely.

9. Father's Occupation, seaman.

● Father's Birthplace, America.

Name of Medical Attendant, or other person who makes this Return.

Address, 700 South Wolfe St.

Remarks,

who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (\$10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 91632

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th
- Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, January 26th 1887
4. Place of Birth, (Street and Number) No 1628 Vincent Street
5. Full Name of Mother, Annie Tyler
6. Mother's Maiden Name,
7. Mother's Birthplace, Calvert County
8. Full Name of Father, John Tyler
9. Father's Occupation, White washer
- Father's Birthplace, Calvert County
- Name of Medical Attendant, or other Person who makes this Return, Sarah Rollins
- Address,
- Remarks,

for each offence to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 91633.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

Sex, (state whether male or female) Girl

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,

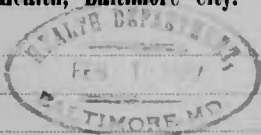
No name given

RETURN OF A BIRTH 91634.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

Sex, (state whether male or female) Male



2. Race or Color, (if not of the white race).....

3. Date of Birth,

4. Place of Birth, (Street and Number) 1121 E. Lombard Street

5. Full Name of Mother, Lizzie Weisland

6. Mother's Maiden Name, Grace

7. Mother's Birthplace, Germany

8. Full Name of Father, Fred Weisland

9. Father's Occupation, Musician

10. Father's Birthplace, Germany

Name of Medical Attendant, or other Person who makes this Return

Address,

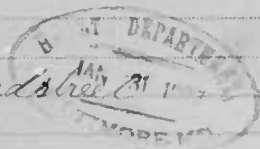
Remarks,

Sarah Casper
72 E. Lombard

RETURN OF A BIRTH. 41635

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st
- Sex. (state whether male or female) male
2. Race or Color, (if not of the white race) Colored
3. Date of Birth 25th of January
4. Place of Birth, (Street and Number) No. 603. Howard's tree
5. Full Name of Mother, Jennie Hardesty
6. Mother's Maiden Name, Jennie mother
7. Mother's Birthplace, Annapundel County
8. Full Name of Father, Joshua Johnson
9. Father's Occupation, Draman
10. Father's Birthplace, Baltimore
- Name of Medical Attendant, or other Person who makes this Return. Mrs. Clarkes Jane Simms
- Address, No. 603 Howard street
- Remarks, few re marks



RETURN OF A BIRTH 91636.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,

Female

White

Aug 25/87

59 W Townsend

Ella Rose Lerch

Robinson

Maryland

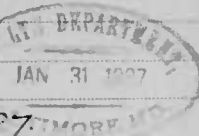
Chas E. Lerch

Harney Manufacturer

Baltimore

Thomas O'Neil M.D.

600 W Howard St.



RETURN OF A BIRTH 91637.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Second

Sex, (state whether male or female)

male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

January 25th 1887

4. Place of Birth, (Street and Number)

1043 Skalding St.

5. Full Name of Mother,

Martha Ellen Joyce

6. Mother's Maiden Name,

Young

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Wm H Joyce

9. Father's Occupation,

Paper Hanger

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return.

Mrs Baugh

Address,

Old 4200 E. 7th Crad St

Remarks,

RETURN OF A BIRTH

91638.

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

Child of Mother, (state whether 1st, 2d, 3d, &c.)

Sex, (state whether male or female)

Colored

Race or Color, (if not of the white race)

female

Date of Birth,

January 29 1887

Place of Birth, (Street and Number)

1916 Horn St Baltimore Md

Full Name of Mother

Elizbeth Clark

Mother's Maiden Name,

Eliza Clark

Mother's Birthplace,

Baltimore County

Full Name of Father,

Charles Ross

Father's Occupation,

Oyster Shucker

Father's Birthplace,

Baltimore City

Name of Medical Attendant, or other Person who makes this Return

Elen Carson

Address,

1026 North Chappel St

Remarks,

RETURN OF A BIRTH 91639

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Sixth*

Sex, (state whether male or female) *Female*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *Jan 25th 1887*

4. Place of Birth, (Street and Number) *No 11 Barnett St*

5. Full Name of Mother, *Mary Richardson*

6. Mother's Maiden Name, *Ward*

7. Mother's Birthplace, *Ireland*

8. Full Name of Father, *John Richardson*

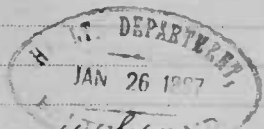
9. Father's Occupation, *Watchman*

10. Father's Birthplace, *Virginia*

Name of Medical Attendant, or other Person who makes this Return. *Annetta Johnson*

Address, *125 E. Hamilton St*

Remarks, *Schloman Undertaker
1106 E S. Sharp Str.*



RETURN OF A BIRTH. 71640

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

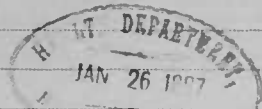
9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,



Vincent J. DeGoy 7887.

No 20 S. Center st.

Anna E. DeGoy.

Anna E. Hutterberger.

Baltimore.

Louis Barthol DeGoy.

Clerk.

Baltimore.

J. Risquay Andre M. &

No 121 E Baltimore st

RETURN OF A BIRTH.

91641

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

GIVEN NAME ADDED: 8-25-33

Name: *Hubert Irene Tweeddale*

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

Sex, (state whether male or female) *Female*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth *Jan. 25, 1887.*

4. Place of Birth, (Street and Number) *622 Charles St.*

5. Full Name of Mother, *Fannie Tweeddale*

6. Mother's Maiden Name, *Chelton*

7. Mother's Birthplace, *Richmond*

8. Full Name of Father, *James Tweeddale*

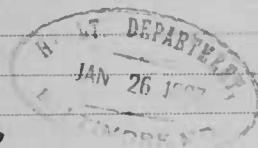
9. Father's Occupation, *Blacksmith*

Father's Birthplace, *Richmond*

Name of Medical Attendant, or other Person who makes this Return. *Wm. Cunningham*

Address, *15 E. Mount Vernon St.*

Remarks,



RETURN OF A BIRTH 21642

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Address.

Remarks,

1st
Male
White
Jan 25 1897
214 N. Fay St
Margaret Hartman
Margaret Weil,
Baltimore
John A. Hartman
Clerk
Baltimore
H. W. Smith
400 E. Medical St

RETURN OF A BIRTH 91643

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether male or female),

2. Race or Color (if not of the white race),

3. Date of Birth,

4. Place of Birth (Street and Number),

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks,



John
Male
Jan 4 1897
Phila. Prod. and Soap Co.
Sarah E. Pettitt
" " Williams
Baltimore
Allan C. Pettitt
Carpenter
Allentown Pa.
Edward J. Morris
208 Aris with St.

RETURN OF A BIRTH 91644

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5-6

1. Sex, (state whether male or female) M.

2. Race or Color, (if not of the white race) W.

3. Date of Birth, Jan. 25, 1887.

4. Place of Birth, (Street and Number) 1 Millman St.

5. Full Name of Mother, Mary Leppish

6. Mother's Maiden Name, Smith

7. Mother's Birthplace, Balt.

8. Full Name of Father, Frank Leppish

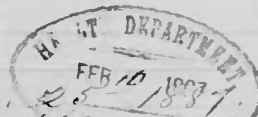
9. Father's Occupation, Box Maker

10. Father's Birthplace, Balt.

Name of Medical Attendant, or other Person who makes this Return H. L. Remick, M.D.

Address, 722 Disputant

Remarks,



RETURN OF A BIRTH 91645

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, January 25th 1887

4. Place of Birth, (Street and Number) Baltimore Johnston v. St. N. York

5. Full Name of Mother, Mary Dwyer

6. Mother's Maiden Name, Mary J. Murphy

7. Mother's Birthplace, Ireland

8. Full Name of Father, Daniel Dwyer

9. Father's Occupation, Laborer

10. Father's Birthplace, Ireland

Name of Medical Attendant, or other Person who makes this Return. E. J. Sully

Address, 1828 Light St

Remarks, Long Hill

RETURN OF A BIRTH

91646

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

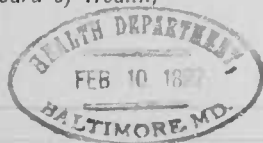
- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2nd*
- Sex (state whether male or female), *female*
2. Race or Color (if not of the white race), *Colored*
3. Date of Birth, *January 25 1884*
4. Place of Birth (Street and Number), *Baltimore No 2 Bowers Court*
5. Full Name of Mother, *Mary Ella Liggins*
6. Mother's Maiden Name, *Marshall*
7. Mother's Birthplace, *Carroll County -*
8. Full Name of Father, *Wm A Liggins*
9. Father's Occupation, *Barber*
10. Father's Birthplace, *foreign*
- Name of Medical Attendant, *Rebecca Greenwood*
or other person who makes this Return.
- Address, *No 2 Bowers Court No 222*
- Remarks,

for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

91641

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *6th*

1. Sex (state whether Male or Female) *Female*

2. Race or Color (if not of the white race) *1*

3. Date of Birth *January 25th 1887*

4. Place of Birth (Street and Number) *3225 Elliott St.*

5. Full Name of Mother *Fannie Luederick Gates Johnson*

6. Mother's Maiden Name *Harmon*

7. Mother's Birthplace *Charles Co. Md.*

8. Full Name of Father *Thomas Wm Johnson*

9. Father's Occupation *Mechanic*

10. Father's Birthplace *A Grindel Co. Md.*

Name of Medical Attendant, or other Person who makes this Return. *Dr. R. H. May, Jr.*

Address *414 Patterson Park Ave.*

Remarks *Not wilful neglect or not reporting before.*

Will take great pains to report promptly next case.

RETURN OF A BIRTH

91645

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1 ☒ x (state whether male or female),

2. Race or Color (if not of the white race),

3. Date of Birth,

4. Place of Birth (Street and Number),

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

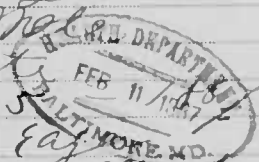
Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks,

2
White
Jan 25
420 E. Eager
Barbara Michael
Janda
Bohemian
Vaclav Michael
Carpenter
Bohemian

Joseph Comad
1621 Barnes St



RETURN OF A BIRTH 91649

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8 Kalman
Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Jan 25, 1887
4. Place of Birth, (Street and Number) 78 Market Space
5. Full Name of Mother, Sarah Wender
6. Mother's Maiden Name, Sarah Linkie
7. Mother's Birthplace, Russia
8. Full Name of Father, Simon Wender
9. Father's Occupation, Peddler
10. Father's Birthplace, Russia
Name of Medical Attendant, or other Person who makes this Return, E. Boherman
Address, Baltimore St. W. 103
Remarks,

RETURN OF A BIRTH 9/6/80

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

4

1. Sex (state whether male or female),

2. Race or Color (if not of the white race),

3. Date of Birth,

25th Jan'y 1887

4. Place of Birth (Street and Number),

75 S. P. Street

5. Full Name of Mother,

Lizzie Willis
Whitehouse

6. Mother's Maiden Name,

7. Mother's Birthplace,

Md

8. Full Name of Father,

Levin T. Willis

9. Father's Occupation,

Carpenter

10. Father's Birthplace,

Md

Name of Medical Attendant, or other person who makes this Return.

Geo H. [Signature] M.D.
1 Waverly Terrace

Address,

Remarks,

RETURN OF A BIRTH 91651

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,

Female

white

Jan. 25th 1887

1004 Ridgely St.

Mary Robinson

11 S. Schmitt

Baltimore.

John Robinson

Book. Layer

Baltimore.

C. L. Buddenbrock

166 S. Paca St.

RETURN OF A BIRTH

9/682

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

8th

Sex (state whether male or female),

Male

2. Race or Color (if not of the white race),

White

3. Date of Birth,

May 25th 1874

4. Place of Birth (Street and Number),

17 E. Williams

5. Full Name of Mother,

Rebecca Owen

6. Mother's Maiden Name,

" McKeldin

7. Mother's Birthplace,

Cecil County

8. Full Name of Father,

John Owen

9. Father's Occupation,

Laborer

10. Father's Birthplace,

City

Name of Medical Attendant, or other person who makes this Return.

J. C. Burch M.D.

Address,

511 Hanover

Remarks,

within the period above required, except in the cases of the birth and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offense, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH ^{1/16/05}

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

First

Sex, (state whether male or female)

Male

Race or Color, (if not of the white race)

White

Date of Birth,

Jan

25th

Place of Birth, (Street and Number)

Full Name of Mother,

Mother's Maiden Name,

Mother's Birthplace,

Full Name of Father,

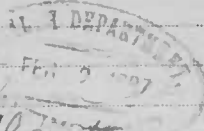
Father's Occupation,

Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,



Chilcoat
Reintzell

RETURN OF A BIRTH 91654

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether male or female),

2. Race or Color (if not of the white race),

3. Date of Birth,

4. Place of Birth (Street and Number),

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks,



RETURN OF A BIRTH 91655

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

4th

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Jan. 26th 1887

4. Place of Birth, (Street and Number)

1045 Abey's Alley

5. Full Name of Mother,

Sarah C. Roberts

6. Mother's Maiden Name,

Arco

7. Mother's Birthplace,

Md.

8. Full Name of Father,

Geo. W. Roberts

9. Father's Occupation,

Laborer

10. Father's Birthplace,

Md.

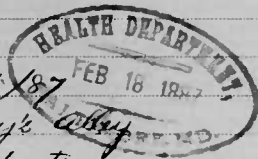
Name of Medical Attendant, or other Person who makes this Return

Robert S. Lowe, M.D.

Address,

1019 Light St.

Remarks,



RETURN OF A BIRTH 91656

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd
1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, Jan 26 1887
4. Place of Birth, (Street and Number) 34 E. M. St.
5. Full Name of Mother, Annie Moore
6. Mother's Maiden Name, Annie Johnson
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Isaiah Moore
9. Father's Occupation, Musician
10. Father's Birthplace, Baltimore
Name of Medical Attendant, or other Person who makes this Return, Daniel V. Moyer M.D.
Address, 728 Airguith St.
City, City
Remarks,

RETURN OF A BIRTH 91687

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 11

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race)

3. Date of Birth, 26 January

4. Place of Birth, (Street and Number) 30 N. Bond Street

5. Full Name of Mother, Maggie Gettys

6. Mother's Maiden Name, Fox

7. Mother's Birthplace, Baltimore

8. Full Name of Father, John Gettys

9. Father's Occupation, Clerk

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return, Sarah Casper

Address, 72 E. Lombard

Remarks,

RETURN OF A BIRTH 91658

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *6th Child*

1. Sex (state whether male or female),

2. Race or Color (if not of the white race), *White*

3. Date of Birth, *January the 26. 1887*

4. Place of Birth (Street and Number), *N. Colingdon Av. N^o 109.*

5. Full Name of Mother, *Katharine J. Jungling*

6. Mother's Maiden Name, *Katharine J. Graft*

7. Mother's Birthplace, *Balt^{ore} City*

8. Full Name of Father, *Paul J. Jungling*

9. Father's Occupation, *Butcher*

10. Father's Birthplace, *Eingen. W. Wardsberg, Germany*

Name of Medical Attendant, or other person who makes this Return. *Mary E. Müller*

Address, *N. Dallas St. N^o 114*

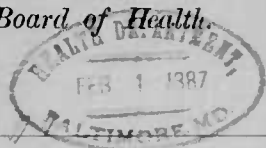
Remarks,



RETURN OF A BIRTH, 91659

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Eleven

1. Sex (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth Jan 25 1887 Jan 26 1887

4. Place of Birth, (Street and Number) 1124 S Harmon St

5. Full Name of Mother Larrie Essay

6. Mother's Maiden Name " " " Reynolds

7. Mother's Birthplace Baltimore Md

8. Full Name of Father Richard Essay

9. Father's Occupation Brick Molder

10. Father's Birthplace Baltimore Md

Name of Medical Attendant, or other Person who makes this Return. Mrs Elizabeth Donaldson

Address No 1824 Bird St

Remarks Mother + child doing well

RETURN OF A BIRTH 91660

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Sex, (state whether male or female) *girl*

Race or Color, (if not of the white race) *colored*

Date of Birth, *26th January year 1887*

Place of Birth, (Street and Number) *Baltimore Hy & Castle street no 17*

Full Name of Mother, *Agnes Conway*

Mother's Maiden Name, *Agnes Watkins*

Mother's Birthplace, *Baltimore Hy &*

Full Name of Father, *George Conway*

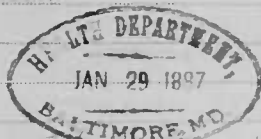
Father's Occupation, *Carpenter*

Father's Birthplace, *Baltimore Hy &*

Name of Medical Attendant, or other Person who makes this Return, *Edw. H. Brandon*

Address, *Baltimore Hy & Belknap street no 4*

Remarks,



RETURN OF A BIRTH 91661

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9

1. Sex, (state whether male or female) male

2. Race or Color, (if not of the white race) white

3. Date of Birth, Jan 26 1887

4. Place of Birth, (Street and Number) 7 north Bond

5. Full Name of Mother, Susan Ann Howard

6. Mother's Maiden Name, Susan Ann Crawford

7. Mother's Birthplace, Baltimore

8. Full Name of Father, George H. Howard

9. Father's Occupation, carpenter

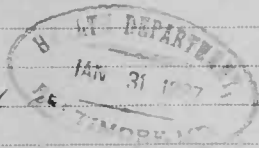
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return,

may corner 424

Address, Patterson Park Avenue

Remarks,



RETURN OF A BIRTH

91662

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Sex, (state whether male or female).

Race or Color, (if not of the white race)

Date of Birth,

Place of Birth, (Street and Number)

Full Name of Mother,

Mother's Maiden Name,

Mother's Birthplace,

Full Name of Father,

Father's Occupation,

Father's Birthplace,

Name of Medical Attendant, or other Person who makes this return.

Address,

Remarks,

Eight

Female

White

Twenty

Station Street 11311

Jarah Sournall

Arch. Lock

Baltimore, County

William Sournall

Basket Maker

Baltimore

Mrs. Donnelly

1635 Little Walsh Street

None



RETURN OF A BIRTH

91663

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

24th

1. Sex (state whether male or female),

Female

2. Race or Color (if not of the white race),

3. Date of Birth,

January 26 1897

4. Place of Birth (Street and Number),

1320 Holland St.

5. Full Name of Mother,

Jennie B. Thompson

6. Mother's Maiden Name,

" " Mac

7. Mother's Birthplace,

Phila. Pa

8. Full Name of Father,

Robert Thompson

9. Father's Occupation,

Drug. Clerk.

10. Father's Birthplace,

Beth.

Name of Medical Attendant, or other person who makes this Return.

Edward P. McDevitt

Address,

208 Aisy with St

Remarks,



RETURN OF A BIRTH. 91664

Registrar of Vital Statistics, Board of Health, Baltimore City.

State whether 1st, 2d, 3d, &c.)

Male or female)

of the white race)

and Number)

ne,

endant, or other Person who
makes this Return.

first

male

whites

January 26, 1887

1339 Division Street

Karl Vollenweider

W. Dissiens

Switzerland

John Vollenweider

time

Switzerland

Karl C. Thalwitzer M.D.

725 Mulberry street

RETURN OF A BIRTH

91665
91, 525

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d
1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) white
3. Date of Birth, January 13 1894
4. Place of Birth, (Street and Number) Baltimore Ry. Station
5. Full Name of Mother, Catharine McLaughlin
6. Mother's Maiden Name, Casey
7. Mother's Birthplace, Ireland
8. Full Name of Father, Luke McLaughlin
9. Father's Occupation, labour
10. Father's Birthplace, Ireland
- Name of Medical Attendant, or other Person who makes this Return, Elizabeth Kathleen
- Address, Light St. No. 1544
- Remarks,

RETURN OF A BIRTH 71666

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

6th

1. Sex, (state whether male or female).

2. Race or Color, (if not of the white race).

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

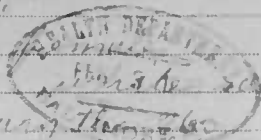
9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,



Baltimore Maryland St. 1615

Elizabeth Hubbard

Lewis

Dorchester Co. Md.

Levin Hubbard

laborer

Dorchester Co. Md.

Elizabeth Hubbard

light St. 1615

RETURN OF A BIRTH 9164

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9th
- Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth, 26th Jan 1887
4. Place of Birth, (Street and Number) 1439 Johnson St.
5. Full Name of Mother, Ida E. Shumant
6. Mother's Maiden Name, Holmes
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Peter H. Shumant
9. Father's Occupation, Machinist
10. Father's Birthplace, Baltimore
- Name of Medical Attendant, or other Person who makes this Return, Elizabeth Jewell
- Address, 516 Port Ave
- Remarks,

RETURN OF A BIRTH 91668

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

Sex (state whether male or female) Male

2. Race or Color (if not of the white race), White

3. Date of Birth, 26 Jan 1887 26

4. Place of Birth (Street and Number), 497 Lombard St

5. Full Name of Mother, Annie Skell

6. Mother's Maiden Name, Anna Affola

7. Mother's Birthplace, Bohemia

8. Full Name of Father, John Skell

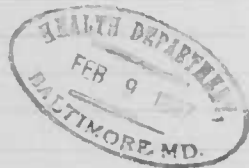
9. Father's Occupation, Laborer

10. Father's Birthplace, Bohemia

Name of Medical Attendant, or other person who makes this Return, Mary Hoffert

Address, 205 A Washington St

Remarks,



RETURN OF A BIRTH 91869

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st*
- Sex, (state whether male or female) *Boi*
2. Race or Color, (if not of the white race) *26 January*
3. Date of Birth, *Henrietta April 106*
4. Place of Birth, (Street and Number)
5. Full Name of Mother, *Wilhelmine Viel*
6. Mother's Maiden Name, *Robert Raus*
7. Mother's Birthplace, *Germany*
8. Full Name of Father, *Conrad Viel*
9. Father's Occupation, *Waggoner*
10. Father's Birthplace, *Germania*
- Name of Medical Attendant, or other Person who makes this Return. *Auguste Besien*
- Address, *927 Sharp April*
- Remarks,

RETURN OF A BIRTH 91670

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 311
1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) white race
3. Date of Birth, January 10, 1884
4. Place of Birth, (Street and Number) Baltimore Elizabeth St. 1515
5. Full Name of Mother, Emma Lung
6. Mother's Maiden Name, Snee
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Michael Lung
9. Father's Occupation, waterman
10. Father's Birthplace, Delver
- Name of Medical Attendant, or other Person who makes this Return, Elizabeth Hathorn
- Address, Eight St. 1515
- Remarks,

RETURN OF A BIRTH

91671

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4
1. Sex, (state whether male or female) girl
2. Race or Color, (if not of the white race) with
3. Date of Birth, 26 of January
4. Place of Birth, (Street and Number) Town St 28 new 1128
5. Full Name of Mother, Wilhelmine Ludwig
6. Mother's Maiden Name, Wilhelmine Reimer
7. Mother's Birthplace, West Prussia
8. Full Name of Father, Adam Ludwig
9. Father's Occupation, Labor
10. Father's Birthplace, Waldau
- Name of Medical Attendant, or other Person who makes this Return, Auguste Borian
- Address, 927 Sharp Street
- Remarks,

RETURN OF A BIRTH.

91672

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c)

1. Sex (~~state whether Male or Female~~)

2. Race or Color (~~if not of the white race~~)

3. Date of Birth

4. Place of Birth (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks *Chloral. No pain, no trouble*

*Jan 26th 1884
1126 Druid Hill Ave
Florence Day
Florence Crutten
Balt. Md
Jas Day
Clerk
Penna*

*Dr. J. Lattimer M.D.
1213 Rutaw Place*

RETURN OF A BIRTH.

91673

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

2^d.

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race)

3. Date of Birth

January 26th

4. Place of Birth (Street and Number)

408 Haylett St

5. Full Name of Mother

Ellen

6. Mother's Maiden Name

Farrer

7. Mother's Birthplace

Virginia

8. Full Name of Father

Phillip Fink

9. Father's Occupation

Catman

10. Mother's Birthplace

Balt^e

Name of Medical Attendant, or other Person who makes this Return.

William W. M.D.
949 Madison Ave.

Address

Remarks

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female).

2. Race or Color, (if not of the white race).

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

11. Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,

RETURN OF A BIRTH. 9/6/85

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *Second*

1. Sex, (state whether male or female) *Female*

2. Race or Color, (if not of the white race)

3. Date of Birth *Jan'y 26-187, 5⁴⁵ A.M.*

4. Place of Birth, (Street and Number) *382 Knoll Hill Ave, White*

5. Full Name of Mother, *Alice M. Falconer*

6. Mother's Maiden Name, *Alice Markle*

7. Mother's Birthplace, *Baltimore*

8. Full Name of Father, *Charles E. Falconer*

9. Father's Occupation, *Merchant*

10. Father's Birthplace, *Washington, D. C.*

Name of Medical Attendant, *E. G. Watson, M.D.*
or other Person who makes this Return.

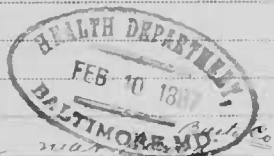
Address, *1429 McCulloch St, Baltimore*

Remarks, *None - Mary Falconer*

RETURN OF A BIRTH 91676

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st
1. Sex (state whether male or female), female
2. Race or Color (if not of the white race), wht
3. Date of Birth, Jan'y 26 1887
4. Place of Birth (Street and Number), 218 Oak ave mar
5. Full Name of Mother, Mary L Needham
6. Mother's Maiden Name, " " Carlisle
7. Mother's Birthplace, South Carolina
8. Full Name of Father, Geo R Needham
9. Father's Occupation, Agt Assoc R R of Va & the Carolines
10. Father's Birthplace, Md
- Name of Medical Attendant, or other person who makes this Return, W Lane Jamieson
- Address, 922 Madison ave
- Remarks,



RETURN OF A BIRTH, 91611

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second
1. Sex (state whether male or female) Female
2. Race or Color, (if not of the white race) Black
3. Date of Birth January 27, 87
4. Place of Birth, (Street and Number) 6837 Pine St -
5. Full Name of Mother Mary Colburn
6. Mother's Maiden Name Wells -
7. Mother's Birthplace Howard Co and
8. Full Name of Father Alfred Colburn
9. Father's Occupation Sturgeon
10. Father's Birthplace Virginia
- Name of Medical Attendant, or other Person who makes this Return. Alvina M. S. W. Hubbard Jr
- Address
- Remarks



RETURN OF A BIRTH.

91698

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race)

3. Date of Birth

4. Place of Birth (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks



White

July 27th 1887

1046. McCallum St.

Estelle Virginia Henry

Estelle Virginia Smith

Baltimore

Edward Ellicott Henry

Conductor B O R R.

Howard County Maryland

Samuel Henry M.D.

1016 McCallum St.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2^d Child

1. Sex (state whether male or female),

2. Race or Color (if not of the white race), White

3. Date of Birth, January 27, 1887

4. Place of Birth (Street and Number), Cough St. No. 1500

5. Full Name of Mother, Mary Winterstein

6. Mother's Maiden Name, Mary Hamm

7. Mother's Birthplace, Lauterbach, Gr. Plessen. Germany

8. Full Name of Father, Joseph Winterstein

9. Father's Occupation, Laborer

10. Father's Birthplace, Nauort, Pr. Plessen. Germany

Name of Medical Attendant, Mary E. Muller

or other person who makes this Return.

Address, N. Dallas St. No. 114

Remarks,



RETURN OF A BIRTH 9/680

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.)

3^d child

Sex (state whether male or female)

Female

Race or Color, (if not of the white race)

White

Date of Birth,

January 27th 1887

Place of Birth, (Street and Number)

Williams St. No. 1111

Full Name of Mother,

Etna Bearman

Mother's Maiden Name,

Etna Craig

Mother's Birthplace,

Dorchester County, Md

Full Name of Father,

Jones Bearman

Father's Occupation,

storeman

Father's Birthplace,

Baltimore Md

Name of Medical Attendant, or other Person who makes this Return

Mary E. Anderson

Address,

No 45 Williams St

Remarks,

RETURN OF A BIRTH ⁹¹⁶⁸¹

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) ^{3rd}

Sex, (state whether male or female) ^{male}

Race or Color, (if not of the white race) ^{Colored}

Date of Birth, ^{Oct 27th 1887}

Place of Birth, (Street and Number) ^{41 Richard St}

Full Name of Mother, ^{Emilie Wilson}

Mother's Maiden Name, ^{Emilie Wilson}

Mother's Birthplace, ^{Prussia Ann Co.}

Full Name of Father, ^{Henry Upshur}

Father's Occupation, ^{Cochman}

Father's Birthplace, ^{Prussia Ann Co.}

Name of Medical Attendant, or other Person who makes this Return. ^{Thos. Colance}

Address, ^{434 28 Monument St.}

Remarks,

GIVEN NAME ADDED 2-20-57

RETURN OF A BIRTH

98682

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Adeline Ackemy* 7th

1. Sex, (state whether male or female) *Female*

2. Race or Color, (if not of the white race) *Beloved*

3. Date of Birth, *Jan 27 1957*

4. Place of Birth, (Street and Number) *S. Hollan Street*

5. Full Name of Mother, *Rachel Ackemy*

6. Mother's Maiden Name,

7. Mother's Birthplace, *Maryland*

8. Full Name of Father, *Wm. L. Ackemy*

9. Father's Occupation, *Lawyer*

10. Father's Birthplace, *Baltimore*

Name of Medical Attendant, or other Person who makes this Return, *Hester Helmer*

Address, *1434 St. Vincent St.*

Remarks,

RETURN OF A BIRTH 7/683

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, Jan 27, 1897

4. Place of Birth, (Street and Number) 621 Mosher St

5. Full Name of Mother, Laura A. Clatchey

6. Mother's Maiden Name, Stansbury

7. Mother's Birthplace, Manchester Md.

8. Full Name of Father, Alfred B. Clatchey

9. Father's Occupation, Blacksmith

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return, J. A. Christian M.D.

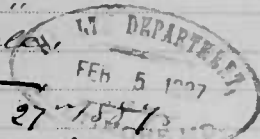
Address, 1821 Madison Ave.

Remarks,

RETURN OF A BIRTH *9/6/88*

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2^d*
1. Sex, (state whether male or female) *Female*
2. Race or Color, (if not of the white race) _____
3. Date of Birth, *January 27th 1888*
4. Place of Birth, (Street and Number) *H. M. Co. Light & Keyes St.*
5. Full Name of Mother, *Anna Lindeman,*
6. Mother's Maiden Name, *" Korman,*
7. Mother's Birthplace, *York, Pa.*
8. Full Name of Father, *Gustav Lindemann,*
9. Father's Occupation, *Druggist,*
10. Father's Birthplace, *Balt. City,*
- Name of Medical Attendant, or other Person who makes this Return, *Reuben J. H. Tall. M.D.*
- Address, *624 Sharp St.*
- Remarks, _____



RETURN OF A BIRTH 91685

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2nd
Male

1. Sex (state whether male or female),

2. Race or Color (if not of the white race),

3. Date of Birth,

January 27th 1887

4. Place of Birth (Street and Number),

Belmont. av.

5. Full Name of Mother,

Bridge Mills

6. Mother's Maiden Name,

" M Loughlin

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

John Mills
Brakeman

9. Father's Occupation,

10. Father's Birthplace,

Ireland.

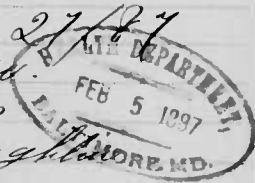
11. Name of Medical Attendant, or other person who makes this Return.

Edward J. McDevitt

Address,

208 Arway with St.

Remarks,



Birth Records are Retained

RETURN OF A BIRTH 9/686

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether male or female),

2. Race or Color (if not of the white race),

3. Date of Birth,

4. Place of Birth (Street and Number),

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

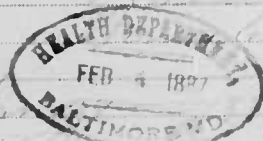
9. Father's Occupation,

10. Father's Birthplace,

11. Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks,



RETURN OF A BIRTH 91687

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, ☒ Jan'y 27 87

4. Place of Birth, (Street and Number) ☒ 148 E. 11th

5. Full Name of Mother, ☒ Rosa Hirsch

6. Mother's Maiden Name, ☒ " Hirschman

7. Mother's Birthplace, ☒ Hungary

8. Full Name of Father, ☒ Sam'l Hirsch

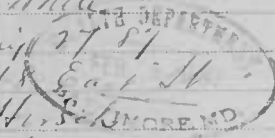
9. Father's Occupation, ☒ Tailor

10. Father's Birthplace, ☒ Hungary

☒ Name of Medical Attendant, or other Person who makes this Return, J. H. Robman M.D.

Address, 125. Greenmount Ave

Remarks,



Jan'y 10/15

RETURN OF A BIRTH 9/688

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st
- Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race)
3. Date of Birth, 27th Jan'y 1897
4. Place of Birth, (Street and Number) N. W. Cor. Franklin & H. Sts.
5. Full Name of Mother, Lottie Norman
6. Mother's Maiden Name, Lottie Croft
7. Mother's Birthplace, Bal. City
8. Full Name of Father, Michael Norman
9. Father's Occupation, Boots Finisher
10. Father's Birthplace, Bal. City
- Name of Medical Attendant, or other Person who makes this Return, John D. L. Norman M.D.
- Address, 611 W. Cor. Calvert & Read Sts.
- Remarks,



RETURN OF A BIRTH 9/689

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 71
- Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth, 27th Jan
4. Place of Birth, (Street and Number) 376 W. Lombard St.
5. Full Name of Mother, Laura Dord
6. Mother's Maiden Name, Laura Darling
7. Mother's Birthplace, Baltimore
8. Full Name of Father, John Dord
9. Father's Occupation, U. S. Engineer
10. Father's Birthplace, Baltimore
- Name of Medical Attendant, or other Person who makes this Return, John D. Cunningham M.D.
- Address, 51 W. Calvert & Reader
- Remarks,

RETURN OF A BIRTH 7/6/90

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,



RETURN OF A BIRTH 91691

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *First*
Sex, (state whether male or female) *Female*
2. Race or Color, (if not of the white race) *white*
3. Date of Birth, *Jan. 27/87*
4. Place of Birth, (Street and Number) *1602 E. Pratt St.*
5. Full Name of Mother, *Letitia R. Asherfield*
6. Mother's Maiden Name, *" Cousins*
7. Mother's Birthplace, *Baltimore*
8. Full Name of Father, *Frederick Asherfield*
9. Father's Occupation, *Clerk*
10. Father's Birthplace, *Elkton coal co. Md.*
Name of Medical Attendant, or other Person who makes this return. *R. W. Newfield M.D.*
Address, *50 or 129 S Broadway*
Remarks,

RETURN OF A BIRTH 9/692

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

Sex (state whether male or female), Male

2. Race or Color (if not of the white race), White

3. Date of Birth, Jan 27th 1887

4. Place of Birth (Street and Number), Somerset St. 94

5. Full Name of Mother, Mary Lagersen

6. Mother's Maiden Name, " Petrie

7. Mother's Birthplace, Balt Md

8. Full Name of Father, John Lagersen

9. Father's Occupation, Carpenter

10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return. Mrs W. Collins

Address, 1302 Hollands St

Remarks,

RETURN OF A BIRTH 9/6/93

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c)

1. ☒ x, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. ☒ Mother's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,

1st Child
Female
White
Aug 24th 1884
506 Fort av
Ida M. Nance
Ida Ewell
Baltimore Md
Henry M. Nance
Laborer
Baltimore Md
O. A. Cooke M.D.
104 Fort av

RETURN OF A BIRTH 91694

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7

Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, Jan 24 1887

4. Place of Birth, (Street and Number) 1098 East Pratt St

5. Full Name of Mother, Mary Schesler

6. Mother's Maiden Name, "

7. Mother's Birthplace, Balt Md

8. Full Name of Father, John Schesler

9. Father's Occupation, Cigar maker

10. Father's Birthplace, Balt Md

Name of Medical Attendant, or other Person who makes this Return, Mrs R. B. M.

Address, 302 Hollander St

Remarks,

RETURN OF A BIRTH *91695*

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Fifth
Female

Sex (state whether male or female),

2. Race or Color (if not of the white race),

3. Date of Birth,

Jan 27 - 87

4. Place of Birth (Street and Number),

406 40 E Madison

5. Full Name of Mother,

Mary E. Wright

6. Mother's Maiden Name,

Pool

7. Mother's Birthplace,

Ohio

8. Full Name of Father,

Samuel H. Wright

9. Father's Occupation,

Printer

10. Father's Birthplace,

Philadelphia

Name of Medical Attendant, or other person who makes this Return.

Mary D. Allurel

Address,

912 NW Donogh St

Remarks,

For each child, if so recovered as other lives and forfeitures are recoverable.

RETURN OF A BIRTH 91696

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Sex (state whether male or female),

2. Race or Color (if not of the white race),

3. Date of Birth,

4. Place of Birth (Street and Number),

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks,

3.8

Male

White

Jan. 27 - 1887

16 Anthony

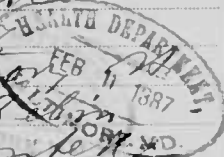
Frances Ka. S. S. Joseph

Bohemia Wm. Selin

Labor

Bohemia

Joseph Conrad
20 Barnes St.
City



GIVEN NAME ADDED 8-28-56

RETURN OF A BIRTH 91697

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Henrietta Anita Feldhaus
No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)
2. Race or Color, (if not of the white race)
3. Date of Birth,
4. Place of Birth, (Street and Number)
5. Full Name of Mother
6. Mother's Maiden Name,
7. Mother's Birthplace,
8. Full Name of Father,
9. Father's Occupation,
10. Father's Birthplace,

Name of Medical Attendant, or other Person who
make this Return.

Address,

Remarks,

DEPARTMENT
FEB 11 1897

Female
White
January 27th
258 Franklin St.
Catherine Mary Elizabeth
Carstens
Baltimore
Wm E Feldhaus
Salesman
Baltimore
Mrs Dumbler
90 Schieler St.

RETURN OF A BIRTH, 9/16/98

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,



RETURN OF A BIRTH 91698

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th
1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, January 27, 1888
4. Place of Birth, (Street and Number) 29 N. Washington St.
5. Full Name of Mother, Catharine D. Smith
6. Mother's Maiden Name, " " "
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Geo. E. Smith
9. Father's Occupation, Organ Wright
10. Father's Birthplace, Mass
- Name of Medical Attendant, or other Person who makes this Return, Charles C. Cook
- Address, 578 Howard St.
- Remarks,

RETURN OF A BIRTH

91700

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd & 4th Child

1. Sex (state whether ~~male~~ or female), Two.

2. Race or Color (if not of the white race), White

3. Date of Birth, January 4th 1887

4. Place of Birth (Street and Number), Durham St. No 721.

5. Full Name of Mother, Laura Bennett.

6. Mother's Maiden Name, Laura Mohr

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Robert Bennett

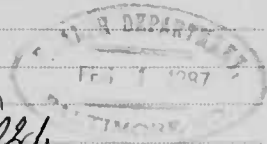
9. Father's Occupation, Painter

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. Mary E. Huller

Address, N. Dallas St. No 114.

Remarks, Twins



This is to certify that the foregoing is a true and correct copy of the original as filed in the office of the Registrar of Vital Statistics, Baltimore City.

RETURN OF A BIRTH ~~#699~~

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

9/1/01

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2^d

Sex, (state whether male or female)

Female

Race or Color, (if not of the white race)

Date of Birth,

Jan 28th / 84

Place of Birth, (Street and Number)

1412 Orfyle Ave

Full Name of Mother,

Henri Kimmel

Mother's Maiden Name,

" Kellaf

Mother's Birthplace,

Frederick M.d.

Full Name of Father,

Geo. M. Kimmel

Father's Occupation,

Butter dealer

Father's Birthplace,

Fredricks Co, Md

Name of Medical Attendant, or other Person who makes this Return

John B. Hunt

Address,

Orfyle Ave & Townsend St.

Remarks,

RETURN OF A BIRTH 91202.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex (state whether male or ~~female~~),

2. Race or Color (if not of the white race),

3. Date of Birth,

4. Place of Birth (Street and Number),

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks,



Jun. 28th

1019 Sharp St.

Jackel Anna

Rolf

Baltimore

John Jackel Jr.

Vanisher

Baltimore

W. H. H. H.

100 Seadenhall St.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Third

917031

Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

Negro

3. Date of Birth.

January 28, 1887

4. Place of Birth, (Street and Number)

1446 Martin Al.

5. Full Name of Mother.

Margaret Green

6. Mother's Maiden Name.

Silman

7. Mother's Birthplace.

Maryland

8. Full Name of Father.

Edward Green

9. Father's Occupation.

Laborer

Father's Birthplace.

Virginia

Name of Medical Attendant.

of your family who
makes this return

Jas. M. Craighill

Address.

1720 N. Charles St.

Remarks.

Any person who knowingly and wilfully makes a false statement in this section shall be subject to a fine of ten dollars for each offense, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH 91704

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) Colored

3. Date of Birth, January 28 1882

4. Place of Birth, (Street and Number) 23, Mullins Street

5. Full Name of Mother, Sarah H. Williams

6. Mother's Maiden Name, Sarah H. Thomas

7. Mother's Birthplace, Mississippi

8. Full Name of Father, George H. Williams

9. Father's Occupation, Laborer

10. Father's Birthplace, Caroline County Virginia

Name of Medical Attendant, or other Person who makes this Return, Susan Morgan

Address, No. 47 N. Lombard Street

Remarks,

RETURN OF A BIRTH ⁹¹⁷⁰⁵

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

first

Sex, (state whether male or female)

male

2. Race or Color, (if not of the white race)

white

3. Date of Birth,

Jan 28 1897

4. Place of Birth, (Street and Number)

1115 Goodmans al

5. Full Name of Mother,

Mary

6. Mother's Maiden Name,

Vogt

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Joseph Stratford

9. Father's Occupation,

Glean Blower

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return

J. L. Smithwick

Address,

909 S. Charles St.

Remarks,

RETURN OF A BIRTH 91706

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2nd*
1. Sex, (state whether male or female) *Male*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth. *JAN 29 1887*
4. Place of Birth, (Street and Number) *42 W. 1st St.*
5. Full Name of Mother, *Amalia C. Collins*
6. Mother's Maiden Name, *Cochran*
7. Mother's Birthplace, *Baltimore*
8. Full Name of Father, *Charles Collins*
9. Father's Occupation, *Pickler*
10. Father's Birthplace, *Baltimore*
- Name of Medical Attendant, or other Person who makes this Return. *Wm. C. Collins*
- Address, *578 N. 1st St.*
- Remarks,

RETURN OF A BIRTH 91401

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

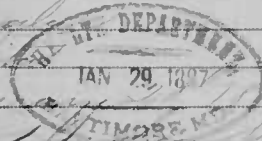
9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,



RETURN OF A BIRTH 91708

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex (state whether male or female),

2. Race or Color (if not of the white race),

3. Date of Birth,

4. Place of Birth (Street and Number),

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

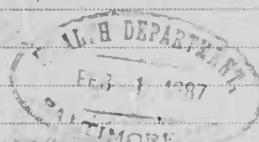
9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks,



RETURN OF A BIRTH 9/1/09

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2th

1. Sex (state whether male or female),

Female

2. Race or Color (if not of the white race),

3. Date of Birth,

January 28/87

4. Place of Birth (Street and Number),

1033 Hillman St.

5. Full Name of Mother,

Annie Brown

6. Mother's Maiden Name,

Grady

7. Mother's Birthplace,

Ireland

8. Full Name of Father,

Robert J. Brown

9. Father's Occupation,

Bank watchman

10. Father's Birthplace,

Ireland

Name of Medical Attendant, or other person who makes this Return.

Edicard J. McNamee

Address,

208 Virginia St

Remarks,

RETURN OF A BIRTH. 91710

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 11th

Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth

January 28 1889

4. Place of Birth, (Street and Number)

104 9th Mt Avenue

5. Full Name of Mother,

Louisa D. Widdifield

6. Mother's Maiden Name,

Louisa B. Ziegenfuss

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Henry C. Widdifield

9. Father's Occupation,

undertaker

10. Father's Birthplace,

Baltimore

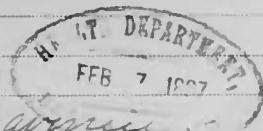
Name of Medical Attendant, or other Person who makes this Return.

J. H. Patten M.D.

Address,

19 Franklin

Remarks,



RETURN OF A BIRTH 91711

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st child*
- Sex, (state whether male or female) *Male*
- Race or Color, (if not of the white race) *White*
- Date of Birth, *January 28 1887*
- Place of Birth, (Street and Number) *221 East Lomb. St.*
- Full Name of Mother, *Katie Stock*
- Mother's Maiden Name, *Katie Dessem*
- Mother's Birthplace, *Pennsylvania*
- Full Name of Father, *Peter Stock*
- Father's Occupation, *Laborer*
- Father's Birthplace, *Prussia*
- Name of Medical Attendant, or other Person who makes this Return, *H. B. Noble, M.D.*
- Address, *307 Warren av*
- Remarks,

RETURN OF A BIRTH 91712

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2nd*
- Sex, (state whether male or female) *Male*
- Race or Color, (if not of the white race) *White*
- Date of Birth, *Jan 18 1887*
- Place of Birth, (Street and Number) *1026 Johnson St*
- Full Name of Mother, *Dora Belbino*
- Mother's Maiden Name, *Dora Fisher*
- Mother's Birthplace, *Baltimore*
- Full Name of Father, *Alfred Belbino*
- Father's Occupation, *Mechanic*
- Father's Birthplace, *Baltimore*
- Name of Medical Attendant, or other Person who makes this Return, *H B Noble Jr.*
- Address, *301 Warren av*
- Remarks,

RETURN OF A BIRTH 91713

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3th

Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, 28 of January

4. Place of Birth, (Street and Number) Canton Bay Factory

5. Full Name of Mother, Francis Schubert

6. Mother's Maiden Name, = Fischer.

7. Mother's Birthplace, Neuengrün (Bavaria)

8. Full Name of Father, John Schubert

9. Father's Occupation, Laborer (Lewers Grün (Bavaria)

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this return, Mrs E. Weiss

Address, 424 Lancaster St.

Remarks,

RETURN OF A BIRTH 9/7/14

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) Colored

3. Date of Birth, Jan 28 1884

4. Place of Birth, (Street and Number) Bay View 119

5. Full Name of Mother, Mary Lancaster

6. Mother's Maiden Name, Mary Bailey

7. Mother's Birthplace, Baltimore Md

8. Full Name of Father, James Lancaster

9. Father's Occupation, Laborer

10. Father's Birthplace, Washington D.C.

Name of Medical Attendant, or other Person who makes this return, Dr. J. M. Wilson

Address, 115 Highland St.

Remarks,

For each of these to be received in the City and County of Baltimore and to be filed in the City and County of Baltimore.

RETURN OF A BIRTH 91715

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

3rd + 4th children

Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Jan. 28th 1887

4. Place of Birth, (Street and Number)

62 Locust St.

5. Full Name of Mother,

Lizzie Reiter

6. Mother's Maiden Name,

Lizzie Stroop

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Geo. Reiter

9. Father's Occupation,

Manufacturer

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return,

Geo. Shum

Address,

76 Calverton

Remarks,

For each volume to be recovered as other files and documents are recoverable.

RETURN OF A BIRTH 91716

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

5th/₄

Sex, (state whether male or female)

Female

Race or Color, (if not of the white race)

Col'd

Date of Birth,

January 28th 1887

Place of Birth, (Street and Number)

237 S Dallas St

Full Name of Mother,

Adeline Campbell

Mother's Maiden Name,

Nenson

Mother's Birthplace,

Dorchester Co. Md

Full Name of Father,

Henry Campbell

Father's Occupation,

Laborer

Father's Birthplace,

Virginia

Name of Medical Attendant, or other Person who
makes this Return

Louisa Seaton

Address,

2423 Dallas

Remarks,



RETURN OF A BIRTH 91717

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

Sex, (state whether male or female) Male

Race or Color, (if not of the white race) White

Date of Birth, Jan 28th 1887

Place of Birth, (Street and Number) 164 Sarah Ann St

Full Name of Mother, Fizzie Hellins

Mother's Maiden Name, Wolf

Mother's Birthplace, Baltimore

Full Name of Father, Chas. Hellins

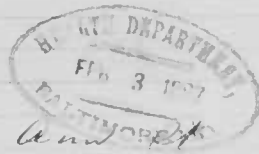
Father's Occupation, Lineman

Father's Birthplace, Virginia

Name of Medical Attendant, or other Person who makes this Return, J. B. Brinkman

Address, 901 Edmondson Ave.

Remarks,



RETURN OF A BIRTH 91718

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether male or female),

2. Race or Color (if not of the white race),

3. Date of Birth,

4. Place of Birth (Street and Number), Baltimore East alley

5. Full Name of Mother,

Caroline Clark

6. Mother's Maiden Name,

Kochmanlein

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Franklin C. Clark

9. Father's Occupation,

Carpenter

10. Father's Birthplace,

Baltimore

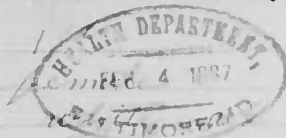
Name of Medical Attendant, or other person who makes this Return.

Elizabeth Halloran

Address,

Light St No 1314

Remarks,



RETURN OF A BIRTH 91719

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether male or female),

2. Race or Color (if not of the white race),

3. Date of Birth,

4. Place of Birth (Street and Number),

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

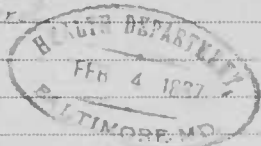
9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks,



RETURN OF A BIRTH 91720

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

11th

Sex (state whether male or female),

Female

2. Race or Color (if not of the white race),

White

3. Date of Birth,

28th

4. Place of Birth (Street and Number),

346 Windsor

5. Full Name of Mother,

Lydie C Link

6. Mother's Maiden Name,

L. E. Gile

7. Mother's Birthplace,

Virginia

8. Full Name of Father,

John H. Link

9. Father's Occupation,

Laborer

10. Father's Birthplace,

Baltimore Md

Name of Medical Attendant, or other person who makes this Return.

Miss Conway

Address,

1230 Battery Avenue

Remarks,

For each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 91721

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. *Date of Birth,*

4. *Place of Birth, (Street and Number)*

5. Full Name of Mother,

6. *Mother's Maiden Name,*

7. *Mother's Birthplace,*

8. Full Name of Father.

9. *Father's Occupation,*

10 *Father's Birthplace,*

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,

RETURN OF A BIRTH 91722

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 15th
1. Sex, (state whether male or female) Male and Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, January 28th 1887
4. Place of Birth, (Street and Number) No 1712 Byrd st
5. Full Name of Mother, Rosina Wengert
6. Mother's Maiden Name, Rosina Wachler
7. Mother's Birthplace, Germany
8. Full Name of Father, Conrad Wengert
9. Father's Occupation, Laborer
10. Father's Birthplace, Germany
- Name of Medical Attendant, or other Person who makes this Return, Catharine Hornung
- Address, No 1715 1/2 Byrd st
- Remarks,

RETURN OF A BIRTH 91723

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8th child
1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) White
3. Date of Birth, January 28 2/1887
4. Place of Birth, (Street and Number) 339 Division
5. Full Name of Mother, Maggie L. Gwath
6. Mother's Maiden Name, Maggie L. Rutledge
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Henry Clay Gwath
9. Father's Occupation, Policeman
10. Father's Birthplace, Annapolis Md - A. Co Md
- Name of Medical Attendant, or other Person who makes this Return, Mrs Mary Howell
- Address, No 546 Wal-Biddle st - Baltimore
- Remarks,

RETURN OF A BIRTH 91724

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether male or female),

2. Race or Color (if not of the white race),

3. Date of Birth,

4. Place of Birth (Street and Number),

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

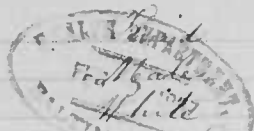
9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks,



January 25 1887
No 141 Pine Street

Annie Muller
A. Binner

Germany
Philip Muller

Carpenter
Germany

Mrs. C. Leubach

No 735 N Pratt Street

RETURN OF A BIRTH 91726

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

3rd

Sex (state whether male or female),

2. Race or Color (if not of the white race),

3. Date of Birth,

4. Place of Birth (Street and Number),

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

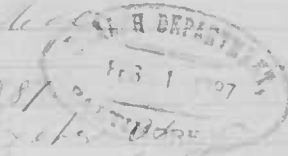
9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks,



Jan. 28 1887

112 S. E. St.

Mrs. Johanna Vinn O'Leary

Mrs. Johanna Vinn

Balt. Md.

Thomas Joseph O'Leary

Doct.

B. C. Md.

U. G. Clark M.D.

1000 E. B. St.

John J. McHenry

For each entrance, to be preserved as other files and returns are received.

RETURN OF A BIRTH

91727

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

5

Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

Colored

3. Date of Birth,

1/2 Feb Friday 1887

4. Place of Birth, (Street and Number)

Pleasant City 737

5. Full Name of Mother,

Mary Jackson

6. Mother's Maiden Name,

Mary Harris

7. Mother's Birthplace,

Eastern Shore Md

8. Full Name of Father,

George Jackson Dead

9. Father's Occupation,

Musician

10. Father's Birthplace,

George Town D.C

Name of Medical Attendant, or other Person who makes this Return.

Mrs Johnston

Address,

710 Iron Street

Remarks,

RETURN OF A BIRTH 91728

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

Sex, (state whether male or female) Girl

2. Race or Color, (if not of the white race) White

3. Date of Birth, Jan 28/27

4. Place of Birth, (Street and Number) 44 Market Space

5. Full Name of Mother, Rosa Brown

6. Mother's Maiden Name, Rosa Brown

7. Mother's Birthplace, Russia

8. Full Name of Father, Benjamin Brown

9. Father's Occupation, Peddler

10. Father's Birthplace, Russia

Name of Medical Attendant, or other Person who makes this Return. Mr. R. Goldbrand

Address, 27 Sharp St. W.

Remarks,

RETURN OF A BIRTH 91729

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st Child*

1. Sex (state whether male or female),

2. Race or Color (if not of the white race), *Colored*

3. Date of Birth, *January the 29, 1887*

4. Place of Birth (Street and Number), *S. Caroline St. No. 313*

5. Full Name of Mother, *Amanda Graie*

6. Mother's Maiden Name, *Amanda Harper*

7. Mother's Birthplace, *Cincinnati, Ohio*

8. Full Name of Father, *John E. Grace*

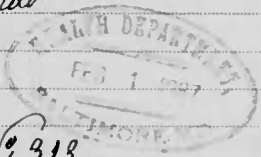
9. Father's Occupation, *Undertaker*

10. Father's Birthplace, *Baltimore City*

Name of Medical Attendant, or other person who makes this Return, *Mary E. Müller*

Address, *N. Dallas St. No. 114*

Remarks,



See back of card for instructions as to how to fill out this card and how to recover it after it has been received.

RETURN OF A BIRTH 91730

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race)

3. Date of Birth, 29 January

4. Place of Birth, (Street and Number) 68 S. High

5. Full Name of Mother, Mary Graver

6. Mother's Maiden Name, Herman

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Charles Graver

9. Father's Occupation, Tailor-cutter

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,

Sarah Casper

22 E. Lombard

RETURN OF A BIRTH 91731

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d. &c.) 3

1. Sex (state whether male or female),

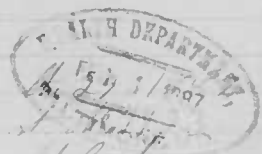
Male

2. Race or Color (if not of the white race),

White

3. Date of Birth,

January



4. Place of Birth (Street and Number),

Baltimore

5. Full Name of Mother,

Alvenda Hoback

6. Mother's Maiden Name,

Alvenda King

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

John Hoback

9. Father's Occupation,

brick molder

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other person who makes this Return.

Dr. E. Kelly

Address,

No 1623 Pratt st

Remarks,

RETURN OF A BIRTH 91732

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race)

3. Date of Birth, Aug 29th 87

4. Place of Birth, (Street and Number) 400 Pine St.

5. Full Name of Mother, Maggie E. Blundell

6. Mother's Maiden Name, Brady

7. Mother's Birthplace, Md.

8. Full Name of Father, Wm H. Blundell

9. Father's Occupation, Messenger

10. Father's Birthplace, Md.

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,

J. Miller, M.D.
839 Franklin St.



RETURN OF A BIRTH 91733

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race)

3. Date of Birth,

29 January

4. Place of Birth, (Street and Number)

112 Fayette

5. Full Name of Mother,

Minnie Galt

6. Mother's Maiden Name,

Baumgardner

7. Mother's Birthplace,

Germany

8. Full Name of Father,

Henry Galt

9. Father's Occupation,

Clerk

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return.

Sarah Cooper

Address,

70 E. Lombard Street

Remarks,

RETURN OF A BIRTH 91734

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *4th Child*

1. Sex (state whether male or female), *male*

2. Race or Color (if not of the white race), *White*

3. Date of Birth, *January the 29, 1887*

4. Place of Birth (Street and Number), *Mulliken St. No. 1521.*

5. Full Name of Mother, *Lizzie Kappold*

6. Mother's Maiden Name, *Lizzie Schafer*

7. Mother's Birthplace, *Baltimore City*

8. Full Name of Father, *Amos Kappold*

9. Father's Occupation, *Laborer*

10. Father's Birthplace, *Baltimore City*

Name of Medical Attendant, or other person who makes this Return, *Harry E. Miller*

Address, *N. Dallas St. No. 114*

Remarks,



RETURN OF A BIRTH 91735

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether male or female),

● Race or Color (if nat of the white race),

3. Date of Birth,

4. Place of Birth (Street and Number),

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

● Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks,



RETURN OF A BIRTH 91736

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex (state whether male or female), Female

2. Race or Color (if not of the white race), White

3. Date of Birth, Jan 27th.

4. Place of Birth (Street and Number), N. E. Cor Franklin & Schroeder Sts

5. Full Name of Mother, Mrs. Cornelius Little

6. Mother's Maiden Name, Miss Sarah O'Neill

7. Mother's Birthplace, Va.

8. Full Name of Father, Cornelius E. Little

9. Father's Occupation, Cigar maker

10. Father's Birthplace, Pa.

Name of Medical Attendant, or other person who makes this Return, H. Hill M.D.

Address, N. W. Cor Ed. Ave & Schroeder St

Remarks,



RETURN OF A BIRTH ⁹¹⁷³⁷

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

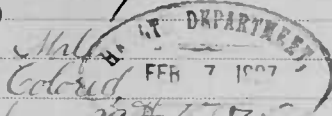
9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,



Male
Colored
Jan 29th 1897
1219 Jordan Ave

Alpha Brown
West river
Thomas J. Cornish
Painter
Eastern Shore Md
L. Cornish
1219 Jordan Ave

11

for each offence to be recovered as other fines and forfeitures are recoverable.

or persons who shall heretofore fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 9/17/38

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,

Male

White

Jan 29, 1877

155 (old no) W. Howard St.

Cora D. Brown

" " Brown

Baltimore

R. A. Brown

Real Estate Broker

Balt

Thomas J. J. M.D.

600 W. Howard St



RETURN OF A BIRTH. 91739

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) male

2. Race or Color, (if not of the white race) colored

3. Date of Birth Jan 21 1897

4. Place of Birth, (Street and Number) 1023 Baltimore St

5. Full Name of Mother, Clara Brown

6. Mother's Maiden Name, Clara Brown

7. Mother's Birthplace, Howard County

8. Full Name of Father, William Henry Ferguson

9. Father's Occupation, Laborer

10. Father's Birthplace, Iowa

Name of Medical Attendant, or other Person who makes this Return, Ellen Ferguson

Address, 1023 Baltimore St

Remarks, None

RETURN OF A BIRTH 91740

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

First, 1st

Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Jan. 29 - 89

4. Place of Birth, (Street and Number)

Maternity

5. Full Name of Mother,

Annie C. Shaw

6. Mother's Maiden Name,

Ho

7. Mother's Birthplace,

Maryland

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return

W. S. Sprague

Address,

Maternity

Remarks,



RETURN OF A BIRTH, 91741

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, ~~3d~~, &c.)

1. Sex (state whether ~~male~~ female)

2. Race or Color, (if not of the white race)

White

3. Date of Birth

January 29th 1887

4. Place of Birth, (Street and Number)

Old 318 Ave 1922, E. Pratt St.

5. Full Name of Mother

Clara Nail

6. Mother's Maiden Name

Clara Skorn

7. Mother's Birthplace

Baltimore City Md.

8. Full Name of Father

Mayr Star Nail

9. Father's Occupation

Attorney at Law

10. Mother's Birthplace

Baltimore City Md.

Name of Medical Attendant, or other Person who makes this Return.

Nicholas L. Washill

Address

700 N. Broadway

Remarks

RETURN OF A BIRTH, 91742

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) fourth
1. Sex (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth January 17th 1887
4. Place of Birth, (Street and Number) 223 E. Hancock Street
5. Full Name of Mother Mary F. Gonsburn
6. Mother's Maiden Name
7. Mother's Birthplace Balto.
8. Full Name of Father Edward O. Sundrum
9. Father's Occupation Boiler Maker
10. Father's Birthplace Balto.
- Name of Medical Attendant, or other Person who makes this Return. Mr. Sarah Gloaty
- Address 26 Henriette Street
- Remarks

RETURN OF A BIRTH 91743

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2nd*
1. Sex, (state whether male or female) *Male*
2. Race or Color, (if not of the white race) *white*
3. Date of Birth. *Jan 29. 1887*
4. Place of Birth, (Street and Number) *1127 Cooke St. Balt. Md.*
5. Full Name of Mother, *Effie Estelle Dawson*
6. Mother's Maiden Name, *Egna E. 204th*
7. Mother's Birthplace, *Liberty Tenn*
8. Full Name of Father, *Matthew Dawson*
9. Father's Occupation, *Soldier*
10. Father's Birthplace, *San York*
Name of Medical Attendant, or other Person who makes this Return. *Mrs E. Mc*
Address, *No. 16 1/2 Balbu St*
Remarks,



RETURN OF A BIRTH 91744

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Second Child*
 Sex, (state whether male or female) *Little Girl*
 2. Race or Color, (if not of the white race) *White*
 3. Date of Birth, *29th of January 1881*
 4. Place of Birth, (Street and Number) *213 Winton Colley*
 5. Full Name of Mother, *Mrs. Th. Heanle*
 6. Mother's Maiden Name, *Miss Caroline Diederich*
 7. Mother's Birthplace, *Wertenberg Germany*
 8. Full Name of Father, *Mrs. Th. Heanle*
 9. Father's Occupation, *Brewer*
 10. Father's Birthplace, *Wertenberg Germany*
 Name of Medical Attendant, or other Person who makes this Return, *Mrs. Thiller*
 Address, *Adelphi 1017 West Pratt st*
 Remarks, *" "*

RETURN OF A BIRTH 91743

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

4th Child
 Registered
 4 1887
 BALTIMORE

1. Sex (state whether male or female),

2. Race or Color (if not of the white race),

3. Date of Birth,

January 29th 1887

4. Place of Birth (Street and Number),

No. 211 Calhoun St.

5. Full Name of Mother,

Mary Anne Eichhorn.

6. Mother's Maiden Name,

" " Feldmann.

7. Mother's Birthplace,

Baltimore.

8. Full Name of Father,

John Eichhorn

9. Father's Occupation,

Tailor

10. Father's Birthplace,

Schlesitz Bavaria.

Name of Medical Attendant, or other person who makes this Return.

Anne Lindner

Address,

No. 1008. Monroeville St.

Remarks,

RETURN OF A BIRTH 91746

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2nd*

Sex (state whether male or female), *Female*

2. Race or Color (if not of the white race), *White*

3. Date of Birth, *Jan 25*

4. Place of Birth (Street and Number), *1113 Williams*

5. Full Name of Mother, *Rachel Mann*

6. Mother's Maiden Name, *Rachel Keyser*

7. Mother's Birthplace, *Baltimore*

8. Full Name of Father, *Mr. H. Mann*

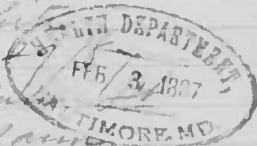
9. Father's Occupation, *Business of Fruit*

10. Father's Birthplace, *Baltimore*

Name of Medical Attendant, or other person who makes this Return, *Mrs. Conway*

Address, *1230 Balley Avenue*

Remarks,



RETURN OF A BIRTH 91747

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

● Sex (state whether male or female),

2. Race or Color (if not of the white race),

3. Date of Birth,

4. Place of Birth (Street and Number),

5. Full Name of Mother, Christina B. Ebbert

6. Mother's Maiden Name, -- Schaefer

7. Mother's Birthplace, Balt

8. Full Name of Father, Edwin F. Ebbert

9. Father's Occupation, Chamberman

10. Father's Birthplace, Balt

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks,



For each child, to be recovered as early as possible, and to be retained for not less than one year.

RETURN OF A BIRTH 91748

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether male or female),

2. Race or Color (if not of the white race),

3. Date of Birth,

4. Place of Birth (Street and Number),

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant. or other person who makes this Return.

Address,

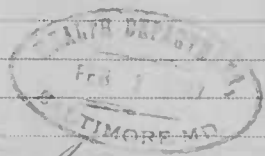
Remarks,

191
Male
Date
May 29 1911
1013 S. Charles St
Alma Cook
" Montche
City
Chas Cook
Engineer
Dorchester Co
A. Burchard
511 N. Anson St

RETURN OF A BIRTH 91749

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.-

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3
- Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) _____
3. Date of Birth, Jan 24 1881
4. Place of Birth, (Street and Number) 1828 Eastern Ave
5. Full Name of Mother, Annie Mier
6. Mother's Maiden Name, " " Schan
7. Mother's Birthplace, Germany
8. Full Name of Father, Harman Mier
9. Father's Occupation, Cutter
10. Father's Birthplace, Germany
- Name of Medical Attendant, or other Person who makes this Return, Dr. J. B. B.
- Address, 125 Bank St.
- Remarks, _____



RETURN OF A BIRTH 91750

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *(1st) first*

Sex, (state whether male or female) *male*

Race or Color, (if not of the white race) *white*

Date of Birth, *Jan 29 1887*

Place of Birth, (Street and Number) *29 Bassa grass*

Full Name of Mother, *Rosa Walter*

Mother's Maiden Name, *Rosa Salmer*

Mother's Birthplace, *Baltimore Md*

Full Name of Father, *Geo B Walter*

Father's Occupation, *Carpenter*

Father's Birthplace, *Barnford Co Md*

Name of Medical Attendant, *Dr. H. H. H. H. H.*
or other Person who makes this Return

Address, *87 W. Paca St*

Remarks.



RETURN OF A BIRTH 9/751

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,

RETURN OF A BIRTH 917.02

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City. (52)

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8

Sex, (state whether male or female) ~~Female~~ Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, Jan 29 1887

4. Place of Birth, (Street and Number) 353 Broadway

5. Full Name of Mother, Maggie Parnes

6. Mother's Maiden Name, Miss Welch

7. Mother's Birthplace, N.Y.

8. Full Name of Father, Michael Parnes

9. Father's Occupation, Carpenter

10. Father's Birthplace, Ireland

Name of Medical Attendant, or other Person who makes this Return. E. M. L...

Address, 111 Stanton

Remarks, one child from birth

RETURN OF A BIRTH 91753

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6.
1. Sex, (state whether male or female). Female
2. Race or Color, (if not of the white race). white
3. Date of Birth, Jan 30, 1886
4. Place of Birth, (Street and Number). Dabrye St. 40.
5. Full Name of Mother, Mary Elizabeth Weigman
6. Mother's Maiden Name, 111 a. Stricker.
7. Mother's Birthplace, Garmisch-Bavaria
8. Full Name of Father, John T. Weigman
9. Father's Occupation, Schenck.
10. Father's Birthplace, Ludersdorf Bavaria
Name of Medical Attendant, or other Person who makes this Return.
Address, Mrs. Schenck.
Remarks, 60 North Schenck St.

RETURN OF A BIRTH 91754

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Seventh
Male

1. Sex (state whether male or female),

2. Race or Color (if not of the white race),

3. Date of Birth,

Jan 30 - 87

4. Place of Birth (Street and Number),

1022 N. Turham

5. Full Name of Mother,

Annie Siebert

6. Mother's Maiden Name,

Greene

7. Mother's Birthplace,

Maryland

8. Full Name of Father,

Chas F Siebert

9. Father's Occupation,

Marble Polisher

10. Father's Birthplace,

Germany

Name of Medical Attendant, or other person who makes this Return.

Mary A. Allwell

Address,

912 1/2 Bonaparte St

Remarks,

GIVEN NAME ADDED 2-15-56

RETURN OF A BIRTH 917818

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Georgia May Baker

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether male or female),

2. Race or Color (if not of the white race),

3. Date of Birth,

4. Place of Birth (Street and Number),

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks,

Female

White

January

304 Conway St

Mary B. Baker

Mary B. Bennett

Virginia

Henry D. Baker

Laboury

Pa.

Mrs. Seebach

439 W. Pratt St



RETURN OF A BIRTH 91756

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th
- Sex, (state whether male or female) " Female
- Race or Color, (if not of the white race) white
- Date of Birth, Jan. 30th
- Place of Birth, (Street and Number) 1838 Penn. ave.
- Full Name of Mother, Rosa Reuschling
- Mother's Maiden Name, " Wirth
- Mother's Birthplace, Balto.
- Full Name of Father, Louis Reuschling
- Father's Occupation, Coffee Roaster
- Father's Birthplace, Balto.
- Name of Medical Attendant, or other Person who makes this Return, C. L. Budenzloh
- Address, 66 S. Paca st.
- Remarks,

RETURN OF A BIRTH 91787

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Second Child

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White race

3. Date of Birth,

31st of January 1887

4. Place of Birth, (Street and Number)

Old No. 108 Frederick ave.

5. Full Name of Mother,

Mrs. Kate Schaefer

6. Mother's Maiden Name,

Mrs. " Appel

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Mr. Edward Schaefer

9. Father's Occupation,

Butcher

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return.

Mrs. Miller

Address,

1017 W. Pratt st

Remarks,

RETURN OF A BIRTH 91758

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth. Jan 30 1887

4. Place of Birth, (Street and Number) 1403 Garrett Baltimore Md

5. Full Name of Mother. Mary Elizabeth Curran

6. Mother's Maiden Name, Mrs. E. J. Yeck

7. Mother's Birthplace. Hagerstown Washington Co Md

8. Full Name of Father. Cornelius Curran

9. Father's Occupation. Freight Brake man

10. Father's Birthplace. Saint Louis Mo

Name of Medical Attendant, or other Person who makes this Return. Abner E. Hall

Address. 1617 E. Cuba St

Remarks.



RETURN OF A BIRTH.

91759

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *1st*
1. Sex (state whether Male or Female) *Male*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *Jan 30 - 1883*
4. Place of Birth (Street and Number) *10234 Park Ave -*
5. Full Name of Mother *Mary Ann McHardy -*
6. Mother's Maiden Name *Kelbride -*
7. Mother's Birthplace *Ireland -*
8. Full Name of Father *James McHardy*
9. Father's Occupation *Oyster Dealer -*
10. Father's Birthplace *Scotland*



Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

Dr. J. G. McHardy
137 Orleans St

RETURN OF A BIRTH.

91760

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st

1. Sex (state whether Male or Female)

Male

2. Race or Color (if not of the white race)

Colord

3. Date of Birth

Jan 30th - 1887

4. Place of Birth (Street and Number)

321 Preston St - Balt^o

5. Full Name of Mother

Mrs Caroline Liles

6. Mother's Maiden Name

Balt^o C. Md - Caroline Barry

7. Mother's Birthplace

8. Full Name of Father

John Liles

9. Father's Occupation

Butcher

10. Father's Birthplace

Washington - D.C

Name of Medical Attendant, or other Person who makes this Return.

Address

10. Hamilton St - J. D. Carter

Remarks

111

RETURN OF A BIRTH 9/7/61

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3 child
Sex, (state whether male or female) Male
Race or Color, (if not of the white race) White
Date of Birth, 30 of January
Place of Birth, (Street and Number) Laurens Street No. 622
Full Name of Mother, Maggie ~~Therese~~ Werschoff
Mother's Maiden Name, Maggie Kuestlein
Mother's Birthplace, Bearmaney
Full Name of Father, August Werschoff
Father's Occupation, Driver
Father's Birthplace, Bearmaney
Name of Medical Attendant, or other Person who makes this Return, Mrs. Donahy
Address, No. 635 Little Walsh Street
Remarks, Non.

RETURN OF A BIRTH

91762

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.) 2

Sex. (state whether male or female) Male

Race or Color. (if not of the white race) Colored

Date of Birth, January 30 1887

Place of Birth, (Street and Number) 1907

Full Name of Mother, Birdie Gipsow age 18 years

Mother's Maiden Name, Birdie Gipsow

Mother's Birthplace, Philadelphia

Full Name of Father, Joseph Summersvill 21 years

Father's Occupation, Carpenter Schucker

Father's Birthplace, Baltimore Md

Name of Medical Attendant, or other Person who makes this Return, E. L. Carson

Address, 1026 Chappel St Baltimore Md

Remarks.



RETURN OF A BIRTH 91763

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Sex, (state whether male or female) *Male*

Race or Color, (if not of the white race)

Date of Birth,

Jan 30th 1886

Place of Birth, (Street and Number)

S. E. Cor. Mulberry & Mount Sts.

Full Name of Mother,

Rebecca Orvill

Mother's Maiden Name,

" Young

Mother's Birthplace,

Calverton Md

Full Name of Father,

Marion H Orvill

Father's Occupation,

Merchant

Father's Birthplace,

Ann Arundel Co Md

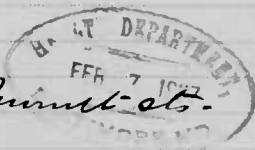
Name of Medical Attendant, or other Person who makes this Return

Samuel F Hill MD

Address,

17 N. Calverton St

Remarks,



RETURN OF A BIRTH. 91764

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st

Sex, (state whether male or female) female

2. Race or Color, (if not of the white race) colored

3. Date of Birth 30. of January 18. 87

4. Place of Birth, (Street and Number) 541. West St

5. Full Name of Mother, Mary Ann Goner

6. Mother's Maiden Name, Mary Ann Johnson

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Edridge Benjamin Goner

9. Father's Occupation, Driver

10. Father's Birthplace, Liberty Pa.

Name of Medical Attendant, or other Person who makes this Return. Abigail Brown

Address, 210. 1132 Warner st

Remarks, dying still



RETURN OF A BIRTH 9/17/65

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether male or female),

2. Race or Color (if not of the white race).

3. *Date of Birth,*

4. *Place of Birth (Street and Number),*

5. Full Name of Mother.

6. *Mother's Maiden Name.*

7. *Mother's Birthplace,*

8. Full Name of Father.

9. *Father's Occupation.*

10. *Father's Birthplace.*

Name of Medical Attendant, or other person who makes this Return

Address.

Remarks.



Baltimore
Samurg 30
No 2308 Castle St.
Bridget Flumeke
Comens

Irland
Sorenz Flamehe
Laborer

other person who
makes this Return

RETURN OF A BIRTH 94766

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex (state whether male or female), Female

2. Race or Color (if not of the white race), White

3. Date of Birth, Feb 5 1897

4. Place of Birth (Street and Number), No 411 S Washington St.

5. Full Name of Mother, Kate Miller

6. Mother's Maiden Name, Miller

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Louis Miller

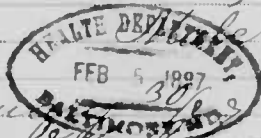
9. Father's Occupation, Laborer

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Mrs Louise Kraft

Address, No 405 S Washington St

Remarks,



who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Sex (state whether male or female),

Race or Color (if not of the white race),

3. Date of Birth,

4. Place of Birth (Street and Number),

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

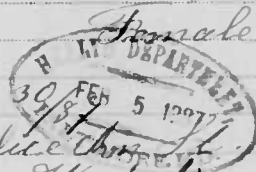
9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks,



January

No 231 Alice Street

Mary Winterling
Seeberger

Germany

George Winterling

Flamish Maker

Germany

Mrs Louise Kraft

No 405 S. Washington St.

Not to be filled in by the Registrar, but to be filled in by the Medical Attendant, or other person who makes this Return.

RETURN OF A BIRTH 91768

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Second.*
1. Sex, (state whether male or female) *Male.*
2. Race or Color, (if not of the white race) *Colored.*
3. Date of Birth, *Jan. 30. 1887.*
4. Place of Birth, (Street and Number) *Balto. Howard St. 1005.*
5. Full Name of Mother, *Mary L. Brown.*
6. Mother's Maiden Name, *Mary L. Floyd.*
7. Mother's Birthplace, *Baltimore.*
8. Full Name of Father, *W. H. Brown.*
9. Father's Occupation, *Seaman.*
10. Father's Birthplace, *Burlington N. J.*
11. Name of Medical Attendant, or other Person who makes this Return, *Wm. L. Gross.*
- Address, *187 York St.*
- Remarks,

RETURN OF A BIRTH 91769

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7

1. Sex (state whether male or female), Male

2. Race or Color (if not of the white race), White

3. Date of Birth, January 10 1897

4. Place of Birth (Street and Number), Parish St. 1721

5. Full Name of Mother, Margaret A. Blane

6. Mother's Maiden Name, Margaret Jones

7. Mother's Birthplace, London, England

8. Full Name of Father, John P. Blane

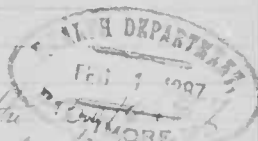
9. Father's Occupation, Laborer

10. Father's Birthplace, London, England

Name of Medical Attendant, or other person who makes this Return, Dr. W. H. H. H.

Address, 1623 P. St.

Remarks,



RETURN OF A BIRTH 91780

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *3rd Child*

2. Sex, (state whether male or female) *Female*

3. Race or Color, (if not of the white race)

4. Date of Birth, *The 30 of January 1859*

5. Place of Birth, (Street and Number) *No 1010 Stirling St*

6. Full Name of Mother, *Christina Sandrich*

7. Mother's Maiden Name, *Christina Schroder*

8. Mother's Birthplace, *Germany*

9. Full Name of Father, *Justus Sandrich*

10. Father's Occupation, *Labourer*

11. Father's Birthplace, *Germany*

12. Name of Medical Attendant, or other Person who makes this Return. *Mr C. H. Larue*

13. Address, *No 1059 Harford Ave*

14. Remarks, *Bal Md*

1859

RETURN OF A BIRTH 91771

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex (state whether male or female),

Male

2. Race or Color (if not of the white race),

3. Date of Birth,

Jan. 13/22 '87.

4. Place of Birth (Street and Number),

229 N. Calvert,

5. Full Name of Mother,

Charlotte Gilman Paul

6. Mother's Maiden Name,

Charlotte Gilman

7. Mother's Birthplace,

Baltimore Co.,

8. Full Name of Father,

D'Arcy Paul,

9. Father's Occupation,

Lawyer.

10. Father's Birthplace,

Virginia.

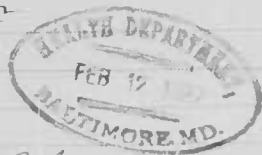
Name of Medical Attendant, or other person who makes this Return.

Walter V. Mack, M.D.

Address,

205 Madison Ave.,

Remarks,



For each affiant, to be recovered as other data and returned as recoverable.

RETURN OF A BIRTH 91772

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1. ☒ of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2. ☒ Sex, (state whether male or female)

3. Race or Color, (if not of the white race)

4. Date of Birth,

5. Place of Birth, (Street and Number)

6. Full Name of Mother,

7. Mother's Maiden Name,

8. Mother's Birthplace,

9. Full Name of Father,

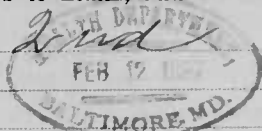
10. Father's Occupation,

11. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,



Jan. 31, 1887
698 Penna Ave
Lucy Wittkopf
Dresel
Maryland
Otto Wittkopf
Mechanic
Maryland
L. A. Fleming, M.D.
601 Franklin

RETURN OF A BIRTH.

91773

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether male or female)

2. Race or Color (if not of the white race)

3. Date of Birth

4. Place of Birth (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks



Female
Color
Jan 31st 1887
1316 Orlan St
Abner Francis Banning
Baltimore

Dr. Luskman
1002 Apple St

RETURN OF A BIRTH 91774

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

7

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

Jewish

3. Date of Birth,

Jan 31st - 1881

4. Place of Birth, (Street and Number)

Law St. 1903

5. Full Name of Mother,

Esther Siebel

6. Mother's Maiden Name,

" Schmeigel

7. Mother's Birthplace,

Poland

8. Full Name of Father,

Louis Siebel

9. Father's Occupation,

Shoe maker

10. Father's Birthplace,

Poland

Name of Medical Attendant, or other Person who makes this Return.

Mrs R. W. Big

Address,

1302 Hollander

Remarks,

51



RETURN OF A BIRTH 9177S

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Henrietta Wessell McGann the Eight Child*

Sex (state whether male or female), *female*

Race or Color (if not of the white race), *White*

Date of Birth, *31 January 1889*

Place of Birth (Street and Number), *Johnson St. No. 4109*

Full Name of Mother, *Martha A. McGann*

Mother's Maiden Name, *Martha A. Morris*

Mother's Birthplace, *State of Delaware*

Full Name of Father, *George W. Gann*

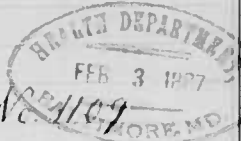
Father's Occupation, *fisherman*

Father's Birthplace, *Baltimore Md*

Name of Medical Attendant, or other person who makes this Return, *Mrs. Conaway*

Address, *1230 Battery Avenue*

Remarks, *GIVEN NAME ADDED 2-26-52*



For each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 91776

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3 child
1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) colored.
3. Date of Birth, 31.
4. Place of Birth, (Street and Number) Baltimore east St 156.
5. Full Name of Mother, Annie Jackson.
6. Mother's Maiden Name, Annie Sampson.
7. Mother's Birthplace, Baltimore.
8. Full Name of Father, Emory R. Jackson.
9. Father's Occupation, Wagoner
10. Father's Birthplace, Centerville Queen Anne's County
- Name of Medical Attendant, or other Person who makes this Return Darbie Thompson.
- Address, 134 Chesnut St.
- Remarks,



RETURN OF A BIRTH. 91777

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

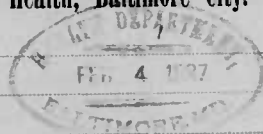
9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,



January 31st 1887

Jacksons Court

Helia Schwaegert.

" "

Baltimore

Unknown

Unknown

Unknown

J. Ridgway Andre' M.D.

121 E. Baltimore St.

RETURN OF A BIRTH 91728

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

p. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

Sex, (state whether male or female)

Female

Race or Color, (if not of the white race)

Black

Date of Birth,

Jan 31 '89

Place of Birth, (Street and Number)

287 Hoffman St

Full Name of Mother,

Clara J. Davis

Mother's Maiden Name,

Driggs

Mother's Birthplace,

Balto City

Full Name of Father,

Thor H. Davis

Father's Occupation,

Waiter

Father's Birthplace,

Balto City

Name of Medical Attendant, or other Person who makes this Return

John C. Hack M.D.

Address,

Carroll Ave + Townsend

Remarks,



RETURN OF A BIRTH 91779

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *The Second*
- Sex, (state whether male or female) *Male*
- Race or Color, (if not of the white race) *Colored*
- Date of Birth, *Jan The 31 1887*
- Place of Birth, (Street and Number) *No 118 Carroll St*
- Full Name of Mother, *Elizer Culrell*
- Mother's Maiden Name, *Elizer Culrell*
- Mother's Birthplace, *Wash River MD*
- Full Name of Father, *Charles W Bantam*
- Father's Occupation, *Brick yard*
- Father's Birthplace, *Bay hundred Tolboed Ct MD*
- Name of Medical Attendant, or other Person who makes this Return, *Mary Dougherty*
- Address, *No 2006 Bohemia Ct*
- Remarks,



RETURN OF A BIRTH, 9/1780

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1

Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth January 31

4. Place of Birth, (Street and Number) 1434 E. Balt

5. Full Name of Mother, Anna Schoeman

6. Mother's Maiden Name, Schoeman

7. Mother's Birthplace, Louisville Ky

8. Full Name of Father, Francis Schoeman

9. Father's Occupation, Basket Maker

Father's Birthplace, Germany

Name of Medical Attendant, or other Person who makes this Return. Dr. William H. H. H.

Address, Canton Ave 1436

Remarks, _____

RETURN OF A BIRTH 91781

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st child.
- Sex, (state whether male or female) Female
- Race or Color, (if not of the white race) White
- Date of Birth, 31st Jan 1887
- Place of Birth, (Street and Number) 37 So. Lewis
- Full Name of Mother, Katharine Stigumaki.
- Mother's Maiden Name, "
- Mother's Birthplace, Baltimore Md.
- Full Name of Father, Unknown
- Father's Occupation, "
- Father's Birthplace, "
- Name of Medical Attendant, or other Person who makes this Return. Mrs M. E. Hurley.
- Address, 312 N. Eden St.
- Remarks,



RETURN OF A BIRTH 91782

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

4.

Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Jan 31 1856

4. Place of Birth, (Street and Number)

Gerard St

5. Full Name of Mother,

Elisabeth E. Kherz

6. Mother's Maiden Name,

Elisabeth Clomen

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Thomas E. Kherz

9. Father's Occupation,

Labaner

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return.

Dr. E. H. L.

Address,

No 1619 Calia St

Remarks.

Over
RETURN OF A BIRTH 91783

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Name of Child: *Howard Cunningham*

Sex, (state whether male or female)

3rd
Male

2. Race or Color, (if not of the white race).

white

3. Date of Birth.

Jan. 31/87

4. Place of Birth, (Street and Number)

1409 E. Pratt St.

5. Full Name of Mother.

Mary H. Cunningham

6. Mother's Maiden Name,

" " Long

7. Mother's Birthplace.

Baltimore

8. Full Name of Father.

J. H. Cunningham

9. Father's Occupation.

Druggist

10. Father's Birthplace.

Baltimore, Md.

Name of Medical Attendant, or other Person who makes this Return.

R. W. Mansfield M.D.

Address.

129 E. Broadway

Remarks.



RETURN OF A BIRTH 91784

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st*

Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *January 23rd*

4. Place of Birth, (Street and Number) *Randall St. No. 153, Baltimore*

5. Full Name of Mother, *Mary Jane Peel*

6. Mother's Maiden Name, *Mary Jane Early*

7. Mother's Birthplace, *Baltimore*

8. Full Name of Father, *Eugene Peel*

9. Father's Occupation, *Engineer*

10. Father's Birthplace, *Baltimore*

Name of Medical Attendant, or other Person who makes this Return. *E. H. Tully*

Address, *No. 1828 Light St*

Remarks, *Living Week*



RETURN OF A BIRTH 91789

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th child 1

Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) Male Colored

3. Date of Birth, Jan-31st 1887

4. Place of Birth, (Street and Number) 925 Jordan Alley

5. Full Name of Mother, Rosa Ellen Doery

6. Mother's Maiden Name, Rosa Ellen Rose

7. Mother's Birthplace, Eastern Shore

8. Full Name of Father, Henry Thomas Doery

9. Father's Occupation, Laborer

10. Father's Birthplace, Frederick City

Name of Medical Attendant, or other Person who makes this Return, Lucie Corrish

Address, 706 Jordan 7/169

Remarks,



RETURN OF A BIRTH 91726

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *First*
- Sex, (state whether male or female) *Female*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *31st day of January 1891*
4. Place of Birth, (Street and Number) *Baltimore 57 Park St.*
5. Full Name of Mother, *Laura Holmes*
6. Mother's Maiden Name, *Laura Barnett*
7. Mother's Birthplace, *Little York Pa*
8. Full Name of Father, *Howard Holmes*
9. Father's Occupation, *Plumber*
10. Father's Birthplace, *Baltimore*
- Name of Medical Attendant, *Mrs Hunter*
or other Person who makes this Return
- Address, *Poffetown near Fayette.*
- Remarks, *21, 23 N. Pappellton St*

RETURN OF A BIRTH 91787

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1/1st

Sex, (state whether male or female) male

Race or Color, (if not of the white race) white

Date of Birth, January 31 1887

Place of Birth, (Street and Number) 180 S. Paca St. Baltimore, Md.

Full Name of Mother, Catharine F. Schist

Mother's Maiden Name, Catharine F. Siemens

Mother's Birthplace, Warren Co. Va.

Full Name of Father, August W. Schist

Father's Occupation, Carver

Father's Birthplace, Baltimore City, Md.

Name of Medical Attendant, or other Person who makes this Return, J. H. Miley, M.D.

Address, 405 W. Lombard St.

Remarks,

RETURN OF A BIRTH 788

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1 Don't no*
- Sex, (state whether male or female) *it is a Male Child*
2. Race or Color, (if not of the white race) *Colored Child*
3. Date of Birth, *21. January and Died on 1 of februry 1887*
4. Place of Birth, (Street and Number) *2440 1/2 harmony lane Balt*
5. Full Name of Mother, *Elise Beth Triff*
6. Mother's Maiden Name, *Elise Beth Parker*
7. Mother's Birthplace, *Born in george town*
8. Full Name of Father, *Wm Triff*
9. Father's Occupation, *Works in the Brick yard*
10. Father's Birthplace, *Baltimore Sarah anne St*
- Name of Medical Attendant, or other Person who makes this Return. *Cider has none*
- Address, *Mid Wife hairrett hutson 1013 harmony lane*
- Remarks, *Life Was in Good untill a half an after it was Born Born not too at night Died at 7 in the morning*

RETURN OF A BIRTH 91789

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)..... 2nd
1. Sex, (state whether male or female)..... Male
2. Race or Color, (if not of the white race)..... W
3. Date of Birth..... Jan 31 1897
4. Place of Birth, (Street and Number)..... # 25 Hamilton
5. Full Name of Mother,..... Meda Bloembergen
6. Mother's Maiden Name..... Bencoll
7. Mother's Birthplace..... Russian
8. Full Name of Father,..... John Bloembergen
9. Father's Occupation,..... Baker
10. Father's Birthplace..... Russian
- Name of Medical Attendant, or other Person who makes this Return..... Frank D. ...
- Address,..... # 1218 S. Baltimore
- Remarks,.....

RETURN OF A BIRTH 91790

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Fifth Child*

1. Sex (state whether male or female), *Male*

2. Race or Color (if not of the white race), *White*

3. Date of Birth, *January 31 " 1888*

4. Place of Birth (Street and Number), *24, Allicanon Str.*

5. Full Name of Mother, *Minnie M. Burger*

6. Mother's Maiden Name, *Minnie M. Borenthal*

7. Mother's Birthplace, *Baltimore*

8. Full Name of Father, *Jno. D. Burger*

9. Father's Occupation, *Barber*

10. Father's Birthplace, *Prussia*

Name of Medical Attendant, or other person who makes this Return. *Mrs. Wiley*

Address, *No. 611 Patterson Park Ave.*

Remarks,

RETURN OF A BIRTH 91796

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

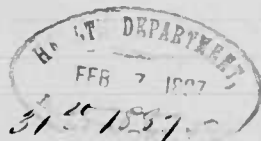
10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,

34
L
H



Jan. 31st 1897
709 Myson St.
Emma Cox
Berry
Hartford Ct. Md.
Nicholas Cox
Porter
Ball

J. H. Reynolds M.D.
722 Cligwin St.

RETURN OF A BIRTH 91792

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether male or female),

2. Race or Color (if not of the white race),

3. Date of Birth,

4. Place of Birth (Street and Number),

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks,



RETURN OF A BIRTH 91793

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

● Sex (state whether male or female),

2. Race or Color (if not of the white race),

3. Date of Birth,

4. Place of Birth (Street and Number),

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10 ● Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks,



RETURN OF A BIRTH ⁹¹⁷⁹⁴

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2nd*

☒ Sex, (state whether male or female) *Female*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *31st Jan. 1897*

4. Place of Birth, (Street and Number) *304 N. Ave.*

5. Full Name of Mother, *Mary West*

6. Mother's Maiden Name, *Jane*

7. Mother's Birthplace, *W. Va.*

8. Full Name of Father, *Alfred West*

9. Father's Occupation, *Brick Layer*

10. ☒ Father's Birthplace, *A. Va.*

Name of Medical Attendant, or other Person who makes this Return *E. P. Gross M.D.*

Address, *1835 E. Baltimore*

Remarks,



To a full set of ten dollars for each offense, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH 91795

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Sex (state whether male or female),

2. Race or Color (if not of the white race),

3. Date of Birth,

4. Place of Birth (Street and Number),

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks,



RETURN OF A BIRTH.

91796

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

5th

1. Sex (state whether Male or Female)

Female

2. Race or Color (if not of the white race)

White

3. Date of Birth

Jan 31 1887

4. Place of Birth (Street and Number)

1000 North 1st Street

5. Full Name of Mother

Elyse Ben temack

6. Mother's Maiden Name

Schulzer

7. Mother's Birthplace

Germany

8. Full Name of Father

Frederick Ben temack

9. Father's Occupation

Sailor

10. Father's Birthplace

Germany

Name of Medical Attendant, or other Person who makes this Return.

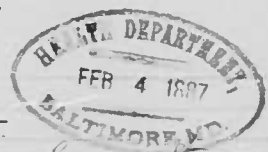
Johnson Doyle Jr M D

Address

Remarks

B. G. D.

Liberty St



RETURN OF A BIRTH 91797

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *Second child mother Elsie*

Sex, (state whether male or female) *Scott Female colored*

2. Race or Color, (if not of the white race) *Jamaica*

3. Date of Birth

4. Place of Birth, (Street and Number) *China St. 1129*

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,

Darke Jane Sykes
20603 Howard St.

RETURN OF A BIRTH 91798

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

121

Sex, (state whether male or female)

Male

Race or Color, (if not of the white race)

White

Date of Birth,

31st Dec 1886

Place of Birth, (Street and Number)

Fulton Ave near Franklin

Full Name of Mother,

Etta Macubbin

Mother's Maiden Name,

Wickhamfel

Mother's Birthplace,

Balto

Full Name of Father,

Alexander Macubbin

Father's Occupation,

Salesman

Father's Birthplace,

Balto City

Name of Medical Attendant, or other Person who makes this Return

H. W. Oving

Address,

1319 Madison St

Remarks,

RETURN OF A BIRTH 91799

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Seventh*

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race) *Black*

3. Date of Birth,

Jan'y 31st 1887

4. Place of Birth, (Street and Number)

925 Jordan Alley

5. Full Name of Mother,

Ellen Bowsy

6. Mother's Maiden Name,

Ellen Ross

7. Mother's Birthplace,

Kent Co. Md

8. Full Name of Father,

Henry J. Bowsy

9. Father's Occupation,

Driver

10. Father's Birthplace,

Fredrick City Md

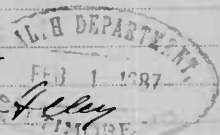
Name of Medical Attendant, or other Person who makes this Return.

J. H. Kabor M.D.

Address,

New No. 414 W. Beards St

Remarks,



RETURN OF A BIRTH 9/1800

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Sixth
FEB 1 1887

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

Black

3. Date of Birth,

Jan'y 31st 1884

4. Place of Birth, (Street and Number)

925 Jordan Alley

5. Full Name of Mother,

Ellen Dowry

6. Mother's Maiden Name,

Ellen Ross

7. Mother's Birthplace,

Kent Co. Ind

8. Full Name of Father,

Henry J Dowry

9. Father's Occupation,

Driver

10. Father's Birthplace,

Frederick City Ind

Name of Medical Attendant, or other Person who makes this Return.

J. H. Kabor M.D.

Address,

Room No 414 W. Beall St

Remarks,

RETURN OF A BIRTH 9/801

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2

Sex, (state whether male or female).

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Jan 31 1907

4. Place of Birth, (Street and Number)

440 Federal St

5. Full Name of Mother,

Lizzie Owens

6. Mother's Maiden Name,

Lizzie Evans

7. Mother's Birthplace,

Wales

8. Full Name of Father,

Harry Owens

9. Father's Occupation,

Mechanic

10. Father's Birthplace,

Penna

Name of Medical Attendant, or other Person who makes this Return.

Daniel J. Moynihan M.D.

Address,

728 Airgirth St

Remarks,

City

RETURN OF A BIRTH 9/1802

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2nd Child*
- Sex, (state whether male or female) *Boy*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *31st Jan 1876*
4. Place of Birth, (Street and Number) *West 4th St. No. 1114*
5. Full Name of Mother, *Amelia Sophie Kaiser*
6. Mother's Maiden Name, *Kaiser*
7. Mother's Birthplace, *Bramsche Germany*
8. Full Name of Father, *Freiloken Kaiser*
9. Father's Occupation, *Labor*
10. Father's Birthplace, *Khönigstein Germany*
- Name of Medical Attendant, or other Person who makes this Return. *Wm. Bauer*
- Address, *Cross St*
- Remarks,



RETURN OF A BIRTH 91803

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd. (91803)

Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, Aug. 1/87

4. Place of Birth, (Street and Number) 242 Maple St

5. Full Name of Mother, Ida Williamson

6. Mother's Maiden Name, Ida Shivers

7. Mother's Birthplace, Ill.

8. Full Name of Father, Henry C. Williamson

9. Father's Occupation, Carpenter

10. Father's Birthplace, Ill.

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,

J. Miller M.D.
639 Franklin St

RETURN OF A BIRTH *9/1804*

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2th*

1. Sex, (state whether male or female) *female*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth. *1st of January*

4. Place of Birth, (Street and Number) *55 Rose St.*

5. Full Name of Mother, *Mary Williamson*

6. Mother's Maiden Name, *Bekulij*

7. Mother's Birthplace, *Baltimore*

8. Full Name of Father, *William Williamson*

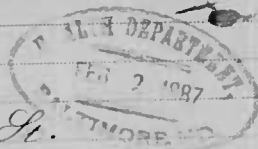
9. Father's Occupation, *Laborn*

10. Father's Birthplace, *Baltimore*

Name of Medical Attendant, or other Person who makes this Return. *Mrs. G. Weiss.*

Address, *424 Lancaster St.*

Remarks,



RETURN OF A BIRTH 9/18/18

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth, 1-7-17

4. Place of Birth, (Street and Number) 522

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,

RETURN OF A BIRTH 9/1806

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

4th

1. Sex (state whether male or female),

Male

2. Race or Color (if not of the white race),

3. Date of Birth,

Jan 1 87

4. Place of Birth (Street and Number),

No 1809 E Madison

5. Full Name of Mother,

Annie E. Vernon

6. Mother's Maiden Name,

" Archer

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

John K. Vernon

9. Father's Occupation,

Miller

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other person who makes this Return.

Mary A. Allwell

Address,

912 M^c Donough St

Remarks,

RETURN OF A BIRTH 9/18/07

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7

1. Sex (state whether male or female), Female

2. Race or Color (if not of the white race), White

3. Date of Birth, January 2, 1887

4. Place of Birth (Street and Number) 1007 E. Leaden Hall St.

5. Full Name of Mother, Kate Vestal

6. Mother's Maiden Name, Kate Spencer

7. Mother's Birthplace, Baltimore City

8. Full Name of Father, Christy J. Vestal

9. Father's Occupation, Laborer

10. Father's Birthplace, Baltimore City

Name of Medical Attendant, or other person who makes this Return, Mrs. M. M. M. M.

Address, 1007 Leaden Hall St.

Remarks,

RETURN OF A BIRTH

9/808

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race)

3. Date of Birth, Aug. 2/87

4. Place of Birth, (Street and Number) 523 Bruce St.

5. Full Name of Mother, Kate Mogens.

6. Mother's Maiden Name, Kate Wolfenung

7. Mother's Birthplace, Id.

8. Full Name of Father, John Mogens.

9. Father's Occupation, Clerk

10. Father's Birthplace, Id.

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,



J. M. M. M. D.

639 Franklin St.

RETURN OF A BIRTH

91809

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)



1. Sex (state whether male or female),

2. Race or Color (if not of the white race),

3. Date of Birth,

4. Place of Birth (Street and Number),

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks,

Second
Male
January 2nd 1887
Baltimore West St. No 366
Elizabeth Bader
Elizabeth Densel
Baltimore
Julius Bader
Butcher
Baltimore
Miss. Munch.

see Trade hall St.

RETURN OF A BIRTH 91810

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex (state whether male or female), Female

2. Race or Color (if not of the white race),

3. Date of Birth, Aug. 2 - 1887

4. Place of Birth (Street and Number), 1303 Eastern Ave.

5. Full Name of Mother, Maria Penningsler

6. Mother's Maiden Name, Schanz

7. Mother's Birthplace, Germany

8. Full Name of Father, Louis Penningsler

9. Father's Occupation, Distiller

10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Henry Stein

Address, 1427 E. Pratt St.

Remarks,

RETURN OF A BIRTH 91811

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d
 Sex, (state whether male or female) Female
 Race or Color, (if not of the white race) White
 Date of Birth, 2d January 1887
 Place of Birth, (Street and Number) 8. Argyle Ave
 Full Name of Mother, Annie Gripe
 Mother's Maiden Name, McCracken
 Mother's Birthplace, Balto.
 Full Name of Father, John Gripe
 Father's Occupation, Wholesale
 Father's Birthplace, Balto.
 Name of Medical Attendant, H. W. O'Leary
or other Person who makes this Return
 Address, 1319 Madison Ave
 Remarks,



RETURN OF A BIRTH 9/18/12

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether male or female),

2. Race or Color (if not of the white race),

3. Date of Birth,

4. Place of Birth (Street and Number),

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks,



Samuel 2/89
No 309 Chappin St
Eveline Baum

Seifert
Baltimore

George Baum
Laborer

Germany

Mrs. Louise Kraft
No 405 S Washington St.

for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 9/18/13

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1 the

Sex, (state whether male or female) male

2. Race or Color, (if not of the white race) White

3. Date of Birth 2 Janes

4. Place of Birth, (Street and Number) 29 Rose St.

5. Full Name of Mother, Anna Schmieser

6. Mother's Maiden Name, _____

7. Mother's Birthplace, Balt

8. Full Name of Father, _____

9. Father's Occupation, _____

10. Father's Birthplace, _____

Name of Medical Attendant, or other Person who makes this Return.

Address, _____

Remarks, _____



Mrs. G. Weiss

424 Lancaster St

RETURN OF A BIRTH

91814

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2.
1. Sex, (state whether male or female) Boy
2. Race or Color, (if not of the white race) White
3. Date of Birth, 2 of January
4. Place of Birth, (Street and Number) 76. Henrietta St. N. W. 111.
5. Full Name of Mother, Maria Toth
6. Mother's Maiden Name, Maria Masler
7. Mother's Birthplace, Ungarn
8. Full Name of Father, Emerich Toth
9. Father's Occupation, Tailor
10. Father's Birthplace, Ungarn
- Name of Medical Attendant, or other Person who makes this Return, Auguste Besson
- Address, 927 Sharp St.
- Remarks,

RETURN OF A BIRTH *9/18/57*

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st Child

1. Sex (state whether male or female),

Female

2. Race or Color (if not of the white race),

3. Date of Birth,

January 2nd 1887

4. Place of Birth (Street and Number),

No 33 Nelson Alley

5. Full Name of Mother,

Lizzie Becker

6. Mother's Maiden Name,

" " Nicholson

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Henry S. Becker

9. Father's Occupation,

Blacksmith

10. Father's Birthplace,

York Pennsylvania

Name of Medical Attendant, or other person who makes this Return.

Annie Lindner

Address,

No 106 S. Mount St.

Remarks,

RETURN OF A BIRTH

9/8/16

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

3rd

Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Jan 6/1887

4. Place of Birth, (Street and Number)

1261 William St

5. Full Name of Mother,

Barrie E. Batchler.

6. Mother's Maiden Name,

Brown

7. Mother's Birthplace,

Md.

8. Full Name of Father,

Geo. W. Batchler

9. Father's Occupation,

Car Cleaner

10. Father's Birthplace,

Md

Name of Medical Attendant, or other Person who makes this Return.

Robert E. Lowe, M.D.

Address,

1019 Light St

Remarks.

I am usually prompt, but sickness delayed the return of these certificates



RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Mary Esther Morris
No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Sex, (state whether male or female) *Female*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *January 7, 1887*

4. Place of Birth, (Street and Number) *317 N. Fulton Avenue*

5. Full Name of Mother, *Margaret Morris*

6. Mother's Maiden Name, *Maloney*

7. Mother's Birthplace, *Ireland*

8. Full Name of Father, *Eugene M. Morris*

9. Father's Occupation, *Plumber*

Father's Birthplace, *Baltimore City*

Name of Medical Attendant, or other Person who makes this Return, *Marbury Brewer M.D.*

Address, *1034 McCulloch St.*

Remarks,

for each offense to be recovered as other laws and ordinances are enforceable.

Missing #91818-#91820, incl.

RETURN OF A BIRTH

71831.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *4th*
1. Sex, (state whether male or female) *Female*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *Jan. 24/87*
4. Place of Birth, (Street and Number) *Ed. No. 70 N. W.*
5. Full Name of Mother, *Mary E. Lyons*
6. Mother's Maiden Name, *Harrison*
7. Mother's Birthplace, *Md*
8. Full Name of Father, *Geo. Lyons*
9. Father's Occupation, *Laborer*
10. Father's Birthplace, *Md*
- Name of Medical Attendant, *Robert S. Lowe, M.D.*
or other Person who makes this Return.
- Address, *1019 Light St*
- Remarks,



RETURN OF A BIRTH

91822

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st

1. Sex (state whether male or female),

male

2. Race or Color (if not of the white race),

Caucasian

3. Date of Birth,

Jan 31st 1887

4. Place of Birth (Street and Number),

812 Prince Street

5. Full Name of Mother,

6. Mother's Maiden Name,

Elizabeth Harfield

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Julius Jackson

9. Father's Occupation,

Teacher

10. Father's Birthplace,

Virginia

Name of Medical Attendant, or other person who makes this Return.

Herbert Vance

Address,

484 Monument St

Remarks,

Healthy, 11 lbs, 1

Missing # 91823

RETURN OF A BIRTH 91824

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

3. Date of Birth,

1st of Feb

Place of Birth, (Street and Number)

42 S. High St.

Full Name of Mother,

Jennie Hicks

Mother's Maiden Name,

Appel

Mother's Birthplace,

Baltimore

Full Name of Father,

Edmond S. Hicks

9. Father's Occupation,

Clerk

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return.

Sarah Cooper

Address,

118 E. Lombard St.

Remarks,



RETURN OF A BIRTH.

91825

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c)

1. Sex (state whether ~~Male~~ or Female)

2. Race or Color (if not of the white race)

3. Date of Birth

Feb 1st 1887

4. Place of Birth (Street and Number)

1202 N. Charles St.

5. Full Name of Mother

Mary Gillett

6. Mother's Maiden Name

Mary McClellan

7. Mother's Birthplace

Baltimore

8. Full Name of Father

Edgar Gillett

9. Father's Occupation

Clerk

Father's Birthplace

Balt. Md.

Name of Medical Attendant, or other Person who makes this Return.

The D. L. Attner

Address

1213 Rutaw Place

Remarks

Chester & Memphis 1st Stage.

Chloroform 2nd & 3rd Stage. No pain, no trouble.

RETURN OF A BIRTH 91826

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8

Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, February 1st 1887

4. Place of Birth, (Street and Number) 326 S Poppleton st

5. Full Name of Mother, Laura Francis Roberson

6. Mother's Maiden Name, Laura Francis Rusch

7. Mother's Birthplace, Baltimore

8. Full Name of Father, James Edward Roberson

9. Father's Occupation, Carpenter

10. Father's Birthplace, Carroll Co. Md.

Name of Medical Attendant, or other Person who makes this Return, Mrs. Hunter

Address, 2123 N^o Payson St

Remarks,



RETURN OF A BIRTH 9/1827

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

● Sex (stote whether male or female),

2. Race or Color (if not of the white race),

3. Date of Birth,

4. Place of Birth (Street and Number),

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

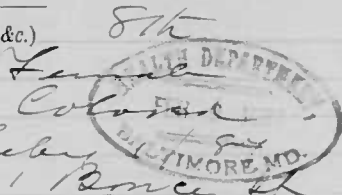
9. Fother's Oocupation,

10. Fother's Birthploe,

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks,



8th
Female
Colored
Feb 18 27
21 Bond St
Sallie Liphart
Lucie Hopkins
Paets
Dean Liphart
Laborer
Mary

Jane Woodland
16 Bond St

RETURN OF A BIRTH 91828

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9
- Sex, (state whether male or female) Female
- Race or Color, (if not of the white race) White
- Date of Birth, Feb 1st 1887
- Place of Birth, (Street and Number) 1000 "Monument St.
- Full Name of Mother, Kate Heck
- Mother's Maiden Name, " Kreidler
- Mother's Birthplace, Balto Md
- Full Name of Father, John Heck
- Father's Occupation, Confectioner
- Father's Birthplace, Balto Md
- Name of Medical Attendant, or other Person who makes this Return, Mrs R. W. Big
- Address, 1302 Hollander St.
- Remarks,



RETURN OF A BIRTH ⁹¹⁸²⁹

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st*

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,

February 8 1897

New No 523 N. Carrollton Ave

Margaret C. Wiley

Margaret C. Carver

Somerset Co. Md.

Edward S. Wiley

Real Estate Broker

Baltimore City. Md.

John R. Wiley

New No 662 West Lexington St

for each office to be recovered as other lines and forfeitures are recoverable.

RETURN OF A BIRTH 9/1834

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

Sex, (state whether male or female) Boy

2. Race or Color, (if not of the white race) White

3. Date of Birth, Dec. 1st 1872

4. Place of Birth, (Street and Number) 812 W. 1st St.

5. Full Name of Mother, Jennie C. C. C.

6. Mother's Maiden Name, Jennie C. C. C.

7. Mother's Birthplace, Russia

8. Full Name of Father, Max C. C.

9. Father's Occupation, Eggcase Maker

10. Father's Birthplace, Russia

Name of Medical Attendant, or other Person who makes this Return, Mrs. J. J. J.

Address, 812 Sharp St.

Remarks,

RETURN OF A BIRTH ^{9/831}

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

● Sex (state whether male or female),

2. Race or Color (if not of the white race),

3. Date of Birth,

4. Place of Birth (Street and Number),

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. ● Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks,

Male
Feb 1 1881
815 N. B. St.
Lizzie Spriggs
Pejril
Bohemia
Rudolph Sims
Tailor
Bohemia
Joseph Conrad
1621 Barnes St

for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH, 91832

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Twins*
1. Sex (state whether male or female) *Male & female*
2. Race or Color, (if not of the white race)
3. Date of Birth *July 1st 1887*
4. Place of Birth, (Street and Number) *72 S. Shreve St*
5. Full Name of Mother *Emma Young*
6. Mother's Maiden Name *Hayle*
7. Mother's Birthplace *Balt*
8. Full Name of Father *William E. Young*
9. Father's Occupation *Cigar maker*
10. Father's Birthplace *Balt*
- Name of Medical Attendant, or other Person who makes this Return. *John Kraft*
- Address *206 N. Madison Ave*
- Remarks



RETURN OF A BIRTH 9/833

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

6th

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

1 Feb

4. Place of Birth, (Street and Number)

East Eager St

5. Full Name of Mother,

Isabelle Phobus

6. Mother's Maiden Name,

Anna

7. Mother's Birthplace,

Balto

8. Full Name of Father,

Thomas P. Phobus

9. Father's Occupation,

Merch. Dresser

10. Father's Birthplace,

Balto

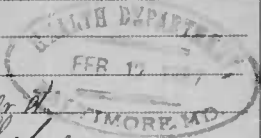
Name of Medical Attendant, or other Person who makes this Return

Mrs Julia Green

Address,

940 N. Gay St

Remarks,



RETURN OF A BIRTH 9/1834

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 23rd

1. Sex, (state whether male or female) male

2. Race or Color, (if not of the white race) white

3. Date of Birth, Jan 1 - 1884

4. Place of Birth, (Street and Number) 157 - 158

5. Full Name of Mother, Lach - 1 - 1

6. Mother's Maiden Name, Carol

7. Mother's Birthplace, Ches - 1 - 1

8. Full Name of Father, Daniel Howard

9. Father's Occupation, Laborer

10. Father's Birthplace, 157 - 158

Name of Medical Attendant, or other Person who makes this Return, Dr. J. H. Latta

Address, 105 N. 1st St. -

Remarks,



for each affix to be recovered as other dues and penalties are recoverable.

RETURN OF A BIRTH 91838

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (~~state whether male or female~~)

2. Race or Color, (~~if not of the white race~~)

3. Date of Birth,

2, 1, 1887.

4. Place of Birth, (Street and Number)

old no. 33 N. Fremont St.

5. Full Name of Mother,

Carrie E. Haskell

6. Mother's Maiden Name,

Peddrick

7. Mother's Birthplace,

Philadelphia P.

8. Full Name of Father,

Wm E. Haskell

9. Father's Occupation,

Organ builder -

10. Father's Birthplace,

Chicago Ill.

Name of Medical Attendant, or other Person who makes this Return

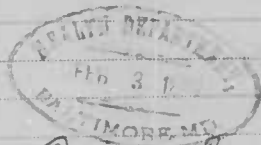
Levi M. Casman

Address,

349 Lexington St.

Remarks,

Natural labor



RETURN OF A BIRTH 9/836

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

4

Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

3. Date of Birth,

Feb 1, 1887

4. Place of Birth, (Street and Number)

1647 Orleans St. Balto. Md.

5. Full Name of Mother,

Annie Biechke

6. Mother's Maiden Name,

Broymann

7. Mother's Birthplace,

Balto. Md.

8. Full Name of Father,

Hugo P. Baschke

9. Father's Occupation,

Tailor

Father's Birthplace,

Germany

Name of Medical Attendant, or other person who makes this Return.

Caroline Miller

Address,

5 Walker St. Balto. Md.

Remarks.

or persons who shall spreader him to comply with the provisions of this section, shall be subject to the same penalties as are provided for each offense to be recovered as other laws and regulations are applicable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

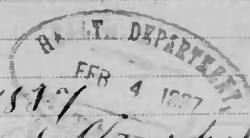
9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,



or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 9/8.38

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3

Sex, (state whether male or female) male

Race or Color, (if not of the white race) white

Date of Birth Feb 1st 1887

Place of Birth, (Street and Number) 933 Harlem Ave

Full Name of Mother, Alice Ruhl

Mother's Maiden Name, Alice Walker

Mother's Birthplace, Virginia

Full Name of Father, William Ruhl

Father's Occupation, Bookkeeper

Father's Birthplace, Baltimore City

Name of Medical Attendant, or other Person, who makes this Return, J. Harvey Hill M.D.

Address, 807 Arlington Ave.

Remarks,

or persons making therefor, if in compliance with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other laws and ordinances are enforceable.

RETURN OF A BIRTH 91839

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Sex, (state whether male or female).

2. Race or Color, (if not of the white race).

3. Date of Birth,

4. Place of Birth, (Street and Number).

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,



1st of Feb

4032 E. 2nd St

Lena Bricker

Raffert

Virginia

Lena Bricker

Confectioner

Baltimore

Sarah Gasper

1516 E. Lombard St

RETURN OF A BIRTH.

91840

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3d
1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth 1st February 89
4. Place of Birth (Street and Number) 1600 Madison Ave
5. Full Name of Mother Lulu Ensey
6. Mother's Maiden Name Lowe
7. Mother's Birthplace W. Tallot Co.
8. Full Name of Father Lot Ensey
9. Father's Occupation Salesman
10. Father's Birthplace Bath City



Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

H. W. Oving
1319 Madison Ave

RETURN OF A BIRTH 91841.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

● Sex (state whether male or female),

2. Race or Color (if not of the white race),

3. Date of Birth,

4. Place of Birth (Street and Number),

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

● Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks,



For each offence, to be recovered on other fines and forfeitures are recoverable.

RETURN OF A BIRTH 91842.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

● Sex (state whether male or female),

2. Race or Color (if not of the white race),

3. Date of Birth,

4. Place of Birth (Street and Number),

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

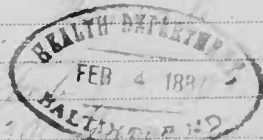
9. Father's Occupation,

● Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks,



for each offence, to be recovered as in other fines and forfeitures are recoverable.

RETURN OF A BIRTH

91843

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

First

● Sex (state whether male or female),

Female
White
FEB 7 1887

2. Race or Color (if not of the white race),

3. Date of Birth,

First February 28 1887

4. Place of Birth (Street and Number),

Canton, Balt. Chesapeake & Colorado

5. Full Name of Mother,

Miss Maggie Ritterbusch

6. Mother's Maiden Name,

~~Harford~~ Miss Maggie Leichter

7. Mother's Birthplace,

Harford road Baltimore County

8. Full Name of Father,

Harry Ritterbusch

9. Father's Occupation,

Blackman

● Father's Birthplace,

Baltimore Md

Name of Medical Attendant, or other person who makes this Return.

Mrs. Wily

Address,

No 611 Patterson Park Ave.

Remarks,

For each offence, to be recovered as other fines and forfeitures are recoverable.

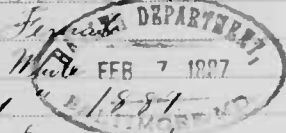
RETURN OF A BIRTH 91846

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Fourth Child

● Sex (state whether male or female),



2. Race or Color (if not of the white race),

3. Date of Birth,

February 1

4. Place of Birth (Street and Number),

No. 47 Boston St.

5. Full Name of Mother,

Annie Hunter

6. Mother's Maiden Name,

Annie Grant

7. Mother's Birthplace,

Balt.

8. Full Name of Father,

John Hunter

9. Father's Occupation,

German

● Father's Birthplace,

Liquidator

Name of Medical Attendant, or other person who makes this Return.

Dr. Wiley

Address,

do 611 Patterson Park. Av.

Remarks,

for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

91845

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race)

3. Date of Birth

4. Place of Birth (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks



5th
Female
White
February 1st 1897
1702 Edmondson Avenue
Estelle Kennedy
Estelle Kennedy
Baltimore, Md.
Peter J. Kennedy
Salesman
Baltimore City
P. S. Field
1637 Edmondson Avenue

RETURN OF A BIRTH *91846*

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st*

Sex (state whether male or female), *Female*

2. Race or Color (if not of the white race), *White*

3. Date of Birth, *Feb 1st 1887*

4. Place of Birth (Street and Number), *307 N Gay St*

5. Full Name of Mother, *Fannie Metzger*

6. Mother's Maiden Name, *Fannie Stern*

7. Mother's Birthplace, *Balti City*

8. Full Name of Father, *Isaac Metzger*

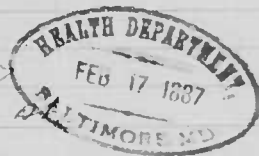
9. Father's Occupation, *Merchant*

10. Father's Birthplace, *Balti City*

Name of Medical Attendant, or other person who makes this Return, *J. W. Chambers*

Address, *133 N Epton St*

Remarks, *Instrumental delivery*



who shall hereafter fail to comply with the provisions of this act, shall be liable to a fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH ⁹¹⁸⁴⁷

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) ^{2d}

● Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

Colored

3. Date of Birth.

Feb 18th 1884

4. Place of Birth, (Street and Number)

St Pauls St No 2

5. Full Name of Mother.

Alice Peppin

6. Mother's Maiden Name.

Alice Rich

7. Mother's Birthplace.

Va

8. Full Name of Father.

Robert Rich

9. Father's Occupation.

Laborer

● Father's Birthplace.

Baltimore Md

Name of Medical Attendant, or other Person who makes this Return

Mary Thompson

Address.

28

Josephine St

Remarks.

any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offense, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH 71848.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fourth Child
- Sex, (state whether male or female) Male Child
- Race or Color, (if not of the white race) White Race
- Date of Birth. Born February First 1887
- Place of Birth, (Street and Number) Born at Madaira City Barb. H.
- Full Name of Mother, Mrs. Julia Greeley
- Mother's Maiden Name, Miss Julia Delahanty
- Mother's Birthplace, Born in Ireland
- Full Name of Father, Thomas Greeley
- Father's Occupation, Laborer
- Father's Birthplace, Born in Ireland
- Name of Medical Attendant, or other Person who makes this Return, Mrs. R. A. Tyler
- Address, No. 45 Burke St.
- Remarks, formerly Mrs. R. A. Garrett

RETURN OF A BIRTH 91849

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

6th Child

Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Born Feb. 1st 1884

4. Place of Birth, (Street and Number)

Born on Burke St. 29

5. Full Name of Mother,

Mrs. Maggie Lawson

6. Mother's Maiden Name,

Miss Maggie Stockman

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Benjamin Lawson?

9. Father's Occupation,

Stone Moulder

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return.

Mrs K. S. Gyles

Address,

465 Burke St.

Remarks,



For each child born to be recorded in the vital files and for returns are required.

RETURN OF A BIRTH 918.50

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3^d

Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) white

3. Date of Birth, February 1 1887

4. Place of Birth, (Street and Number) 336 Division

5. Full Name of Mother, Mary A. McGuire

6. Mother's Maiden Name, McNamee

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Michael R. H. McGuire

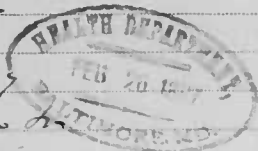
9. Father's Occupation, clerk

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this return, Marbury Brewster M.D.

Address, 1031 McCulloch St.

Remarks,



RETURN OF A BIRTH 91881

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Feb. 2d 1887*

1. Sex, (state whether male or female) *male child*

2. Race or Color, (if not of the white race) *Colored child*

3. Date of Birth, *Feb 2d 1887*

4. Place of Birth, (Street and Number) *Farrest St No 240*

5. Full Name of Mother, *Estella Stocker*

6. Mother's Maiden Name, *Estella Dodd*

7. Mother's Birthplace, *Born in Baltimore City*

8. Full Name of Father, *Williams Stocker*

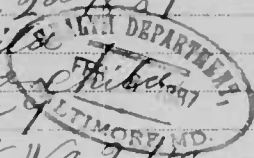
9. Father's Occupation, *Born in Baltimore City*

10. Father's Birthplace, } *Occupation Waiter*

Name of Medical Attendant, or other Person who makes this Return.

Address, *Barrie Tamlin*

Remarks, *No 308 Chestnut Street*



For each birth or death the recorder must fill out this form and send it to the Registrar of Vital Statistics, Baltimore City.

RETURN OF A BIRTH ^{9/1882}

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

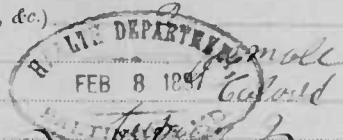
9. Father's Occupation,

Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,



Baltimore No 21 Helms St

Prima Effier

Prima Bell

Entwistle County

Charles Bell

laboring

St Marys County

Abner Miller 20 Rock Hill St

St Johns Helms St

re doing well

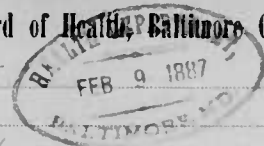
no persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten dollars for each offence to be recovered as other fines and forfeitures are recoverable.

or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (\$10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 9/18/83

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5



1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) Colored

3. Date of Birth, February 2

4. Place of Birth, (Street and Number) No. 21 Barclay

5. Full Name of Mother, Ann Jones

6. Mother's Maiden Name, _____

7. Mother's Birthplace, West Hill & Co. Md

8. Full Name of Father, Dr. John Henry

9. Father's Occupation, Pastor

10. Father's Birthplace, Virginia

Name of Medical Attendant, or other Person who makes this Return, Dr. John Henry

Address, 100 Golden Key Baltimore

Remarks, _____

RETURN OF A BIRTH *9/1854.*

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *David*

1. Sex, (state whether male or female) *Male.*

2. Race or Color, (if not of the white race) *White.*

3. Date of Birth, *Feb. 2, 1857.*

4. Place of Birth, (Street and Number) *No 5 (New No 10) S. Poppleton St.*

5. Full Name of Mother, *Mary E. Davis.*

6. Mother's Maiden Name, *Lisa*

7. Mother's Birthplace, *Baltimore.*

8. Full Name of Father, *Samuel B. Davis.*

9. Father's Occupation, *Harnessmaker.*

10. Father's Birthplace, *Baltimore.*

11. Name of Medical Attendant, or other Person who makes this Return. *Susan Hunter*

Address, *21223 Poppleton St.*

Remarks,



who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 91554

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st*

1. Sex (state whether male or female), *Male*

2. Race or Color (if not of the white race), *Caucasian*

3. Date of Birth, *July 2/87*

4. Place of Birth (Street and Number), *2014 Baltimore St.*

5. Full Name of Mother, *Lizzie Matthews*

6. Mother's Maiden Name, *Lizzie Smith*

7. Mother's Birthplace, *Ind*

8. Full Name of Father, *Henry Matthews*

9. Father's Occupation, *Labourer*

10. Father's Birthplace, *Balt*

Name of Medical Attendant, or other person who makes this Return, *Jane Todd Smith*

Address, *1613 Madison*

Remarks,

RETURN OF A BIRTH. 91856.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth

Feb 22 / 87

4. Place of Birth, (Street and Number)

207 Old No N E. Fourth St

5. Full Name of Mother,

V. Fannie Corus Steele

6. Mother's Maiden Name,

7. Mother's Birthplace,

Virginia

8. Full Name of Father,

Jacob S. Corus

9. Father's Occupation,

Firman

10. Father's Birthplace,

Ind

Name of Medical Attendant, or other Person who makes this Return.

Dr. Morgan

Address,

313 N Monument St

Remarks,

RETURN OF A BIRTH

918.57

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, February 2nd 1887

4. Place of Birth, (Street and Number) Fort Avenue

5. Full Name of Mother, Fresse Seifert

6. Mother's Maiden Name, Fresse Zette

7. Mother's Birthplace, Germany

8. Full Name of Father, Karl Seifert

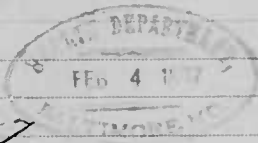
9. Father's Occupation, Laborer

10. Father's Birthplace, Germany

Name of Medical Attendant, or other Person who makes this Return, Catharine Hornung

Address, No. 1517 Byrd St.

Remarks,



RETURN OF A BIRTH 9/18/88.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

5

1. Sex (~~state whether male or female~~),

● Race or Color (if not of the white race),

3. Date of Birth,

20 Feb 89

4. Place of Birth (Street and Number)

1002 Lenox St

5. Full Name of Mother,

Mary E. Bland

6. Mother's Maiden Name,

Boyd

7. Mother's Birthplace,

Va

8. Full Name of Father,

Jos W Bland

9. Father's Occupation,

Merchant

10. Father's Birthplace,

Va

● Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks,

Geo H. [Signature]
1 Wm. [Signature]



For each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH ⁹¹⁸⁸⁹

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

9th

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

February 24 1897

4. Place of Birth, (Street and Number)

6 Little Pine Street

5. Full Name of Mother,

Mrs. Williams

6. Mother's Maiden Name,

Bell

7. Mother's Birthplace,

Mathew Williams

8. Full Name of Father,

John

9. Father's Occupation,

Prince George Co. Md.

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return

Flint - Denton

Address,

484 58 monument st

Remarks,

for each offense to be recovered as other fines and forfeitures are recovered.

RETURN OF A BIRTH ⁰¹⁸⁶⁰

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2nd*

● Sex (state whether male or female), *Male*

2. Race or Color (if not of the white race), *White*

3. Date of Birth, *Feb. 2nd*

4. Place of Birth (Street and Number), *5-41 Wilson St*

5. Full Name of Mother, *Mrs Clara Smith*

6. Mother's Maiden Name, *Shelly*

7. Mother's Birthplace, *City*

8. Full Name of Father, *Wm H. Smith*

9. Father's Occupation, *Confectioner*

● Father's Birthplace, *Washington D C*

Name of Medical Attendant, or other person who makes this Return, *H. H. Hill M D*

Address, *Edmondson and Schnieder St*

Remarks,



who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 9/18/61

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth Feb 2, 1887

4. Place of Birth, (Street and Number) 117 Albemarle St

5. Full Name of Mother, Sarah Miller

6. Mother's Maiden Name, Sarah Miller

7. Mother's Birthplace, Russia

8. Full Name of Father, Moses Miller

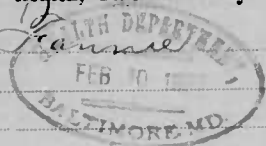
9. Father's Occupation, Storekeeper

Father's Birthplace, Russia

Name of Medical Attendant, or other Person who makes this Return, E. Scherman

Address, Albemarle St. No. 103.

Remarks,



who shall hereinafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

● Sex (state whether male or female),

2. Race or Color (if not of the white race),

3. Date of Birth,

4. Place of Birth (Street and Number),

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

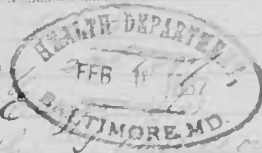
9. Father's Occupation,

● Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks,



RETURN OF A BIRTH ^{over} 9/18/63.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name Sylvan W.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, February 2, 1887

4. Place of Birth, (Street and Number) 14 Pearl St

5. Full Name of Mother, Mina Binswanger

6. Mother's Maiden Name, ?

7. Mother's Birthplace, Germany

8. Full Name of Father, Simon Binswanger

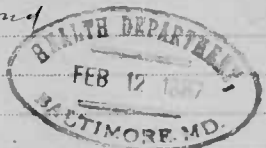
9. Father's Occupation, Bookkeeper

Father's Birthplace, U.S.

Name of Medical Attendant, or other Person who makes this Return. W. C. Cline M.D.

Address, 85 E. B. Ave. fr

Remarks, _____



for each offence to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH ⁹¹⁸⁶⁴

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,



for each offense to be recovered as other laws and ordinances are recoverable.

RETURN OF A BIRTH 91862

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

First

Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Feb. 2nd 1897

4. Place of Birth, (Street and Number)

Maternity Hospital

5. Full Name of Mother,

Lillian May

6. Mother's Maiden Name,

No.

7. Mother's Birthplace,

Maryland

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return

W. D. Spraxling M.D.

Address,

Maternity Hospital

Remarks,

for each offense to be recovered as other cities and corporations are recoverable.

RETURN OF A BIRTH 9/1867.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

February 2nd

4. Place of Birth, (Street and Number)

88 E. Madison. (New No 604)

5. Full Name of Mother,

Jennie E. Smith

6. Mother's Maiden Name,

Jennie E. Smith

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

William E. Smith

9. Father's Occupation,

Brass Finisher

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,



RETURN OF A BIRTH. 91868

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White DEPARTMENT OF HEALTH FEB 7 1897

3. Date of Birth

February 2

4. Place of Birth, (Street and Number)

Baltimore. 1257 Cross

5. Full Name of Mother,

Louisa Mildred Gayman

6. Mother's Maiden Name,

Louisa Mildred Rodman

7. Mother's Birthplace,

Hartford county Maryland

8. Full Name of Father,

Robert Gayman

9. Father's Occupation,

Shucklee

10. Father's Birthplace,

Baltimore Md

Name of Medical Attendant, or other Person who makes this Return.

Mrs Cross Midwife

Address,

No 419 South Poppleton st

Remarks,

or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH *9/18/87*

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *3rd*

1. Sex, (state whether male or female) *Female*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *Feb 2nd / 87*

4. Place of Birth, (Street and Number) *404 - S. Pinkney St.*

5. Full Name of Mother, *Ellen Louisa Lake*

6. Mother's Maiden Name, *Ellen Louisa Abright*

7. Mother's Birthplace, *Baltimore*

8. Full Name of Father, *Thomas Monroe Lake*

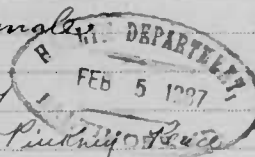
9. Father's Occupation, *Stone cutter*

10. Father's Birthplace, *St. Louis*

Name of Medical Attendant, or other Person who makes this Return, *Edmund C. Gibbs M.D.*

Address, *431 } E. Townsend St.
138 }*

Remarks,



Printed for the Registrar of Vital Statistics, Board of Health, on the manner and within the period and at the cost of the person or persons who shall hereafter all in compliance with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 91870

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex (state whether male or female), Male

2. Race or Color (if not of the white race), White

3. Date of Birth, Apr 2 of Feb.

4. Place of Birth (Street and Number), 1133

5. Full Name of Mother, W. W. Long

6. Mother's Maiden Name, Long

7. Mother's Birthplace, Baltimore

8. Full Name of Father, W. F. William Long

9. Father's Occupation, Labor

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, S. B. Grisham

Address, 1133

Remarks,



This card, whether filled in compliance with the provisions of this section, shall be subjected to the fine of ten (\$10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

(91871)

Sex, (state whether male or female)

Female

Race or Color, (if not of the white race)

White

Date of Birth,

Feb 2nd 187

Place of Birth, (Street and Number)

1520 E Madison St

Full Name of Mother,

Lewis M. Burne

Mother's Maiden Name,

Arthur

Mother's Birthplace,

Annapolis

Full Name of Father,

John A. Burne

Father's Occupation,

Collector

Father's Birthplace,

Baltimore

Name of Medical Attendant,

Or other Person who makes this Return

J. B. Schwartz M.D.

Address,

933 N Broadway

Remarks,



any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offense, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH.

91872

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

1. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st*

2. Sex (state whether Male or Female) *Female*

3. Race or Color (if not of the white race) *White*

4. Date of Birth *Feb 2, 1887*

5. Place of Birth (Street and Number) *Old No 97 N. 308 Franklin St*

6. Full Name of Mother *Rose Kohler*

7. Mother's Maiden Name *" Nugent*

8. Mother's Birthplace *Ireland*

9. Full Name of Father *Henry Clay Kohler*

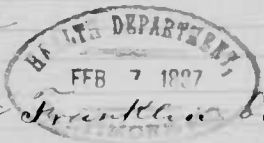
10. Father's Occupation *Householder*

11. Father's Birthplace *Baltimore*

12. Name of Medical Attendant, or other Person who makes this Return. *Thos. C. Ward M.D.*

13. Address *No 605 St Paul St*

14. Remarks



RETURN OF A BIRTH. 9/18/03

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth

Feb 2. 1857.

4. Place of Birth, (Street and Number)

212 W. Cal. St. Paul & Hamilton

5. Full Name of Mother,

Margaret Norton

6. Mother's Maiden Name,

Mrs. Hester

7. Mother's Birthplace,

Pa.

8. Full Name of Father,

Joseph Norton

9. Father's Occupation,

Merchant

10. Father's Birthplace,

Belgium

Name of Medical Attendant, or other Person who makes this Return.

J. H. Patten M.D.

Address,

19 Franklin St.

Remarks,



Persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 9/18/94

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth

February 2, 1889

4. Place of Birth, (Street and Number)

S W Cor. Lombard & Concord St

5. Full Name of Mother,

Amelia Striefield

6. Mother's Maiden Name,

Amelia Adams

7. Mother's Birthplace,

Germany

8. Full Name of Father,

Charles Striefield

9. Father's Occupation,

Restaurateur

10. Father's Birthplace,

Germany

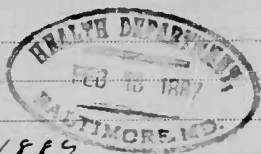
Name of Medical Attendant, or other Person who makes this Return.

J H Patterson M.D.

Address,

No 19 Franklin St

Remarks,



Persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

918751

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1/16

1. Sex, (state whether male or female) Se

2. Race or Color, (if not of the white race) Wh.

3. Date of Birth, July 2nd 1912

4. Place of Birth, (Street and Number) 190 Mulberry St

5. Full Name of Mother, Agnes O'Brien

6. Mother's Maiden Name, Hamilton

7. Mother's Birthplace, Porto

8. Full Name of Father, John O'Brien

9. Father's Occupation, Can-maker

10. Father's Birthplace, Ireland

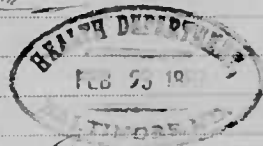
Name of Medical Attendant, or other Person who makes this Return.

Wm. Lockwood M.D.

Address,

Rock Creek & Madam

Remarks,



or persons who shall be liable, full to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other laws and ordinances are recoverable.

RETURN OF A BIRTH 9/18/6.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

February 2nd 1887

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Feb 2 1887

4. Place of Birth, (Street and Number)

H. H. Henneman

5. Full Name of Mother,

Gene Henneman

6. Mother's Maiden Name,

Gene Hanger

7. Mother's Birthplace,

Wesley, St.

8. Full Name of Father,

H. H. Henneman

9. Father's Occupation,

Teacher

10. Father's Birthplace,

Baltimore St.

Name of Medical Attendant, or other Person who makes this Return.

W. S. Lough

Address,

217 N. Schuider St.

Remarks,



for each return to be recovered as other duties and forfeitures are recoverable

RETURN OF A BIRTH 91877

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st,

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

white

3. Date of Birth,

February 2 1887

4. Place of Birth, (Street and Number)

414 E. Townsend St.

5. Full Name of Mother,

Florence Moore

6. Mother's Maiden Name,

Watfield

7. Mother's Birthplace,

Harford County

8. Full Name of Father,

Edward Moore

9. Father's Occupation,

Clerk

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return,

Marbury Brewer M.D.

Address,

1031 McCulloch St.

Remarks,



of persons who shall hereafter fail to comply with the provisions of this section, shall be subject to the fine of ten (\$10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 7/18/8.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd Child

1. Sex, (state whether male or female) Girl

2. Race or Color, (if not of the white race) White

3. Date of Birth, 3rd of February 1886

4. Place of Birth, (Street and Number) 1732 St. Orleans street

5. Full Name of Mother, Lizzie Wagner

6. Mother's Maiden Name, Lizzie Cadding

7. Mother's Birthplace, Baltimore

8. Full Name of Father, William Cadding

9. Father's Occupation, Cutler

10. Father's Birthplace, Germany

Name of Medical Attendant, or other Person who makes this Return, Crescentia Kunikel

Address, 113 North Chapel street per Crescentia Kunikel

Remarks, Healthy

RETURN OF A BIRTH 91879.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *4th*

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *Feb 8 1887*

4. Place of Birth, (Street and Number) *Labuena*

5. Full Name of Mother, *Ernstine Brunk*

6. Mother's Maiden Name, *Ernstine Loose*

7. Mother's Birthplace, *Germany*

8. Full Name of Father, *Herckman Brunk*

9. Father's Occupation, *Labaner*

10. Father's Birthplace, *Germany*

Name of Medical Attendant, or other Person who makes this Return, *Chas E. Hel*

Address, *No 1617 Eula St*

Remarks,



RETURN OF A BIRTH 91880

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks, 1111



Report this birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

91886

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

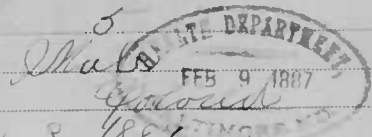
9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,



February 3, 1887

Spring Street No number

Adeline J. Jones

Adeline Chadden

Lock river Pick Maryland

James Young

Teacher

Greenburg Virginia

Gordon L. Gargant

2047 N. G. Street

Persons who shall hereafter fail to comply with the provisions of this section, shall be subject to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH ^{91882.}

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7

1. Sex, (state whether male or female)

female

2. Race or Color, (if not of the white race)

3. Date of Birth,

Feb 3rd 1887

4. Place of Birth, (Street and Number)

Baltimore No 628 Hamburg

5. Full Name of Mother,

Cathina Sheridan

6. Mother's Maiden Name,

Cathina Schubert

7. Mother's Birthplace,

Ireland

8. Full Name of Father,

John T. Sheridan

9. Father's Occupation,

Painter

10. Father's Birthplace,

New York

Name of Medical Attendant, or other Person who makes this Return.

Miss M. Shaffer

Address,

No 1139 Ridgely St

Remarks,



or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other laws and ordinances are recoverable.

who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

91863

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether male or female),

2. Race or Color (if not of the white race),

3. Date of Birth,

4. Place of Birth (Street and Number),

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks,

Male
C. 1863
Feb 3rd 1863
No 5
Susan L. Palmer
Susan L. Palmer
Baltimore Md
Gen Palmer
Palmer
Baltimore
Angeline Palmer
314 E. Howard st

RETURN OF A BIRTH 9/1884

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st Child*

1. Sex (state whether male or female),

2. Race or Color (if not of the white race), *White*

3. Date of Birth, *February the 3, 1887*

4. Place of Birth (Street and Number), *President St. N^o 3507*

5. Full Name of Mother, *W. Veronika Exler*

6. Mother's Maiden Name, *Veronika Walzes*

7. Mother's Birthplace, *Hünfeld, Pr. Preussen, Germany*

8. Full Name of Father, *Ernst C. Exler*

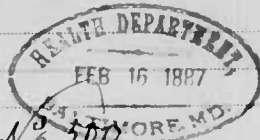
9. Father's Occupation, *Laborer*

10. Father's Birthplace, *Leinsien, Pr. Preussen, Germany*

Name of Medical Attendant, or other person who makes this Return, *Mary E. Müller*

Address, *N. Dallas St. N^o 114*

Remarks,



who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 91885

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st Child

1. Sex (state whether male or female),

2. Race or Color (if not of the white race), White

3. Date of Birth, February the, 3, 1887

4. Place of Birth (Street and Number), Eastern Av, 1016

5. Full Name of Mother, Barbara Lotz

6. Mother's Maiden Name, Barbara Masel

7. Mother's Birthplace, Balt. City

8. Full Name of Father, Joseph H. Lotz

9. Father's Occupation, Laborer

10. Father's Birthplace, Balt. City

Name of Medical Attendant, Mary E. Müller
or other person who makes this Return.

Address, N. Dallas St. No 114.

Remarks,



The Commissioner of Health, in the manner and within the period above required, and any other person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

Sex (state whether male or female), Male

2. Race or Color (if nat of the white race), White

3. Date of Birth, Feb 3 1881

4. Place of Birth (Street and Number), 1615 Cemetery St

5. Full Name of Mother, Marie Meliohan

6. Mother's Maiden Name, "

7. Mother's Birthplace, Bohemia

8. Full Name of Father, Venceslaus Hene

9. Father's Occupation, Tailor

10. Father's Birthplace, Bohemia

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks,

J. Reple (Prin)
1621 B. Street

who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 9/1887

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

4th

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,

Feb. 3/87
157 Seminary
Dougherty
Miller
Virginia
Henry C. Dougherty
Salesman
Virginia
G. A. Stearns M.D.
601 Franklin



report as to the cause of death, the manner and date of death, and any such person who shall hereafter fail to comply with the provisions of this section, shall be subjected to a fine of ten dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH ^{9/1888}

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,

female

White

February 3

North St No 3

Alice M Lovell

Alice v. Suit

Prince George county Md

Henry C Lovell

Farmer

Prince George county Md

Mr. Chas. M. Moulton

1824 E Pratt St



Report the birth to the Commissioner of Health, on the certificate and within the period above required, and pay such person as shall hereafter, all in compliance with the provisions of this section, shall be subjected in the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

or persons who shall hereafter fail to comply with the provisions of this section, shall be subject to the fine of ten (10) dollars for each offense in be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Over 91889

Name *Laurence Hubbers*
No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *The 3 Child*

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *The 3rd February 1889*

4. Place of Birth, (Street and Number) *No 1141 Chase St*

5. Full Name of Mother, *Augusta (Hubbers) Hubbers*

6. Mother's Maiden Name, *Augusta Heine*

7. Mother's Birthplace, *Germany*

8. Full Name of Father, *Adolf (Hubbers) Hubbers*

9. Father's Occupation, *Plater*

Father's Birthplace, *Germany*

Name of Medical Attendant, or other Person who makes this Return. *Mrs Ch. Sauer*

Address, *No 1059 Germany*

Remarks, *B.L. Md.*

1889

RETURN OF A BIRTH.

91890

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st

1. Sex (state whether Male or Female)

Male

2. Race or Color (if not of the white race)

Colored

3. Date of Birth

Feb 8th 1887

4. Place of Birth (Street and Number)

Tyson - ally # 105

5. Full Name of Mother

Mary Francis Smallwood

6. Mother's Maiden Name

7. Mother's Birthplace

Annarundell County Md.

8. Full Name of Father

9. Father's Occupation

Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

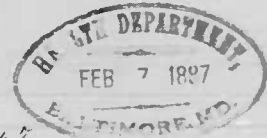
Mrs Jane D. Easton

Address

10 Hamilton St

Remarks

Balt^o Md



of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH 91891

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

3. Date of Birth,

Feb. 3, 1887

4. Place of Birth, (Street and Number)

1531 McElderry St.

5. Full Name of Mother,

Elizabeth Euhler

6. Mother's Maiden Name,

Hirsch

7. Mother's Birthplace,

Balto. Md.

8. Full Name of Father,

Ernest Euhler

9. Father's Occupation,

Barber

10. Father's Birthplace,

Barber

Name of Medical Attendant, or other Person who makes this Return.

Caroline Miller

Address 1605 Walker St. Balto. Md.

Remarks,

Persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 91892

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race)

3. Date of Birth, 2nd of FEB 1901

4. Place of Birth, (Street and Number) 613 Alexander St

5. Full Name of Mother, Bridget Sheen

6. Mother's Maiden Name, Hallen

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Francis C. Sheen

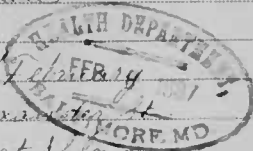
9. Father's Occupation, Machinist

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return, Sarah Cooper

Address, 1016 E. Lombard St

Remarks,



or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

91893

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

14th

1. Sex (state whether male or female),

Male

2. Race or Color (if not of the white race),

White

3. Date of Birth,

Feb, 3rd / 87

4. Place of Birth (Street and Number),

86 W. Monument St.

5. Full Name of Mother,

Emma Egerton

6. Mother's Maiden Name,

Emma Gilson

7. Mother's Birthplace,

Burrhead

8. Full Name of Father,

John Egerton

9. Father's Occupation,

Clerk

10. Father's Birthplace,

Balt. Md.

Name of Medical Attendant, or other person who makes this Return.

A. W. Lucas M.D.

Address,

173 N. Charles St.

Remarks,

The Registrar of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (\$10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

9/894

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,



1st 2nd 3rd

43 Montgomery St

Mary Ann Wilson

Mary Ann Wilson

Baltimore

John S. Wilson

Confidential

Baltimore

Mary Ann Wilson

43 Montgomery St

For each offense for which a return is required, with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH ^{9/1895}

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

9.

1. Sex, (state whether male or female)

Male.

2. Race or Color, (if not of the white race)

Colored.

3. Date of Birth,

Feb. 3. 1857.

4. Place of Birth, (Street and Number)

Balto. Montgomery St. 211.

5. Full Name of Mother,

Annie Bivens.

6. Mother's Maiden Name,

Annie Bagwell.

7. Mother's Birthplace,

Eastern Shore Acco. Mac Co.

8. Full Name of Father,

Alfred Bivens.

9. Father's Occupation,

Porter on B. O.

10. Father's Birthplace,

Eastern Shore Acco. Mac Co. Md.

Name of Medical Attendant,

or other Person who makes this Return.

Heilly Gross.

Address,

187 York St.

Remarks,

Printed by the Registrar of Vital Statistics, Baltimore City.

RETURN OF A BIRTH ⁹¹⁸⁹⁶

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4
1. Sex (state whether male or female), Male
2. Race or Color (if nat of the white race), White
3. Date of Birth, 3 of Feb 1897
4. Place of Birth (Street and Number), 217 West 11th
5. Full Name of Mother, Christina Gormerhausen
6. Mother's Maiden Name, Christina Schene
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Asa Gormerhausen
9. Father's Occupation, Librarian
10. Father's Birthplace, Baltimore
- Name of Medical Attendant, Dr. J. H. Gishler or other person who makes this Return.
- Address, 217 West 11th
- Remarks,



For each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH ⁹¹⁸⁹⁷

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,



February 3. 1897

No 34 St Paul St E/H

Lucy Moore

Lucy First

Balt

John Moore

Merchant

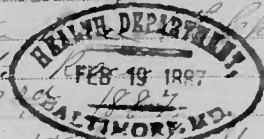
Chelms

J H Patterson M.D.

RETURN OF A BIRTH 91898

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Female Child*
- Sex, (state whether male or female) *White*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *Born Feb. 3 1887*
4. Place of Birth, (Street and Number) *Born at # 55 Burke St.*
5. Full Name of Mother, *Mrs Rosa Klimm*
6. Mother's Maiden Name, *Mrs Rosa Bunzack*
7. Mother's Birthplace, *Baltimore*
8. Full Name of Father, *Chas. Klimm*
9. Father's Occupation, *Labour*
10. Father's Birthplace, *Baltimore*
- Name of Medical Attendant, or other Person who makes this return *Mrs R. A. Gyles*
- Address, *# 65 Burke St.*
- Remarks, *family Mrs R. A. Garrett*



any card not used to be returned as other lines and portions are recoverable.

RETURN OF A BIRTH ^{9/1899}

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st

Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) Colored

3. Date of Birth Feb. 4, 1887

4. Place of Birth, (Street and Number) 1116 Warner St

5. Full Name of Mother, Julia Johnson Turner

6. Mother's Maiden Name, Julia Johnson

7. Mother's Birthplace, Calvert Co

8. Full Name of Father, Samuel Turner

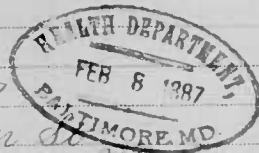
9. Father's Occupation, Oyster Shucker

10. Father's Birthplace, Baltimore Md

Name of Medical Attendant, or other Person who makes this Return. Mrs Abilla Brooks

Address, 1132 Warner St

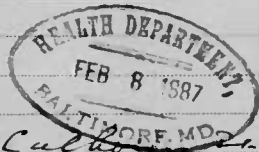
Remarks, Doing well



RETURN OF A BIRTH. 91900

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3d
1. ☒ Male, (state whether male or female)
2. Race or Color, (if not of the white race)
3. Date of Birth Feb 4 - 1887
4. Place of Birth, (Street and Number) Old No 450 N Calhoun St.
5. Full Name of Mother, Margaret Carstens,
6. Mother's Maiden Name, Sieck.
7. Mother's Birthplace, Ind.
8. Full Name of Father, John F. Carstens.
9. Father's Occupation, Carpenter.
10. Father's Birthplace, Ind.
- Name of Medical Attendant, or other Person who makes this Return. Dr Morgan
- Address, 315 W Monument St
- Remarks,



RETURN OF A BIRTH 91901

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, Feb. 4th 1887

4. Place of Birth, (Street and Number) Bar 702. alt. 2. Randall St.

5. Full Name of Mother, Rosa Beirmann

6. Mother's Maiden Name, Rosa Lohr

7. Mother's Birthplace, Prince George Co.

8. Full Name of Father, Otto C. Beirmann

9. Father's Occupation, Collector

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return, E. J. Jolley

Address, 1828 Light St.

Remarks, Doing Well



For each name to be recorded as other than and initials are recoverable.

Missing [#] 91902

RETURN OF A BIRTH *9/903*

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

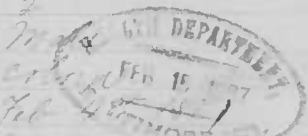
Nn. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2*

1. Sex (state whether male or female),
2. Race or Color (if not of the white race),
3. Date of Birth,
4. Place of Birth (Street and Number),
5. Full Name of Mother,
6. Mother's Maiden Name,
7. Mother's Birthplace,
8. Full Name of Father,
9. Father's Occupation,
10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks,



*607 Maryland St.
Alice Johnson
Alice Johnson
Baltimore Md
Frank Johnson
Ct. Clerk
Baltimore Md
Angeline Wilson
314 S. Howard St*

RETURN OF A BIRTH 91904

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st Child*

1. Sex (state whether ~~male~~ or female),

2. Race or Color (if not of the white race), *White*

3. Date of Birth, *February the 1st, 1887*

4. Place of Birth (Street and Number), *E. Pratt St. No 1304*

5. Full Name of Mother, *Haroline Frank*

6. Mother's Maiden Name, *Haroline Kaufmann*

7. Mother's Birthplace, *Cell. N. Prussia, Germany*

8. Full Name of Father, *Max. Frank*

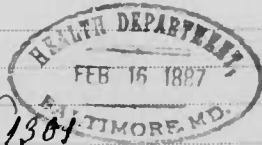
9. Father's Occupation, *Salon Keeper*

10. Father's Birthplace, *Scheidnitz N. Prussia*

Name of Medical Attendant, *Mary E. Müller*
or other person who makes this Return.

Address, *N. Dallas St. No 114*

Remarks,



Who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 91905

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Sex, (state whether male or female).

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this return.

Address,

Remarks,

1st
Male
White
FEB 9 1897

4. February 18. 87

Balt. 194 Lexing St

Mrs. Susie Stewart

Miss Susie Blair

Baltimore MD

Mr. John Edwin Ellsworth Stewart

Trainer, Livery

Baltimore MD

Mrs. Hunter

21223 W Pappleton St

for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 91906

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

Sex, (state whether male or female) Male

Race or Color, (if not of the white race) White

Date of Birth, February 4 1897

Place of Birth, (Street and Number) 103 Lombard St

Full Name of Mother, Mary O. Foss

Mother's Maiden Name, Mary O. Rodgers

Mother's Birthplace, Baltimore City

Full Name of Father, John A. Foss

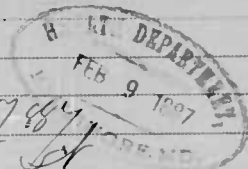
Father's Occupation, Restaurant Keeper

Father's Birthplace, Baltimore City

Name of Medical Attendant, or other Person who makes this Return, G. H. Wiley M.D.

Address, 400 W. Lombard St.

Remarks,



This form is to be filled out by the Registrar of Vital Statistics, Baltimore City, and is to be returned to the Office of Registrar of Vital Statistics, Board of Health, Baltimore City, for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, February 4th 1887

4. Place of Birth, (Street and Number) No 1944th Hanover st

5. Full Name of Mother, Hannah Anderson

6. Mother's Maiden Name, Hannah Hoof

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Alf. Anderson

9. Father's Occupation, Laborer

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return, Catharine Hermann

Address, No 1517 Byrd st.

Remarks,

RETURN OF A BIRTH 91908

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

13th

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Feb 4

4. Place of Birth, (Street and Number)

76 Lee St

5. Full Name of Mother,

Lettie Woepcke

6. Mother's Maiden Name,

Lettie Schooner

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Nathan Woepcke

9. Father's Occupation,

Clothier

10. Father's Birthplace,

Germany

Name of Medical Attendant, or other Person who makes this Return

A. B. Anderson

Address,

Remarks,

or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 91909

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether male or female),

2. Race or Color (if not of the white race),

3. Date of Birth,

4. Place of Birth (Street and Number),

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks,

First
Male

White

February 4th 1887

91 N. Schroeder St.

Laura Kraft

Laura Kraft

Balto. Md.

William Kraft

Labourer

Balto. Md.

J. H. Morris M.D.

1209 West Fayette St.

who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (\$10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 91910

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mather, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether male or female),

2. Race or Color (if nat of the white race),

3. Date of Birth,

4. Place of Birth (Street and Number),

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mather's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks,



Male
White
1 of 1
Feb 5 1937
No. 91910
Baltimore, Md.
Heddie Henney
Heddie Henney
Baltimore
James Henney
Laborer
Baltimore
Selma Quisler
127 West St

Who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (\$10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 9/9/11

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st*

1. Sex (state whether male or female), *Female*

2. Race or Color (if not of the white race), *Black*

3. Date of Birth, *Friday - Feb 5 1912*

4. Place of Birth (Street and Number), *678 - New St - Baltimore*

5. Full Name of Mother, *Mrs. F. R. Walker*

6. Mother's Maiden Name, *" " " "*

7. Mother's Birthplace, *Baltimore, Md*

8. Full Name of Father, *Samuel Schenck*

9. Father's Occupation, *Master*

10. Father's Birthplace, *New Jersey*

Name of Medical Attendant, or other person who makes this Return, *Dr. Kirkland Scott*

Address, *1200 E. Lombard St. Baltimore*

Remarks, *Grand Child of Mother's*

or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 9/19/12

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

6

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Feb 14th 1887

4. Place of Birth, (Street and Number)

1235 W Pratt St Balt Md

5. Full Name of Mother,

Emma F Webb

6. Mother's Maiden Name,

Emma J Thomas

7. Mother's Birthplace,

Baltimore City Md

8. Full Name of Father,

John H Webb

9. Father's Occupation,

Laborer

10. Father's Birthplace,

Maryland

Name of Medical Attendant, or other Person who makes this Return.

Mrs Rachel A Gayland

Address,

1140 West Pratt St

Remarks,

RETURN OF A BIRTH.

91913

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

5-12

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race)

White

3. Date of Birth

Feb 5-12 89

4. Place of Birth (Street and Number)

No 8 E. 5-12 St

5. Full Name of Mother

Fanny Chipchase

6. Mother's Maiden Name

Leves

7. Mother's Birthplace

Baltimore City

8. Full Name of Father

Wm S. E. Chipchase

9. Father's Occupation

Comm. Merchant

Father's Birthplace

8 Mary's Co Md

Name of Medical Attendant, or other Person who makes this Return.

Alexander

Address

Remarks

1 re Madison St.



RETURN OF A BIRTH 91964

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, Feb 5th

4. Place of Birth, (Street and Number) Baltimore Port Avenue

5. Full Name of Mother, Agnes M. Hearn

6. Mother's Maiden Name, Agnes M. Williams

7. Mother's Birthplace, Delaware Illinois

8. Full Name of Father, James Hearn

9. Father's Occupation, Soldier

10. Father's Birthplace, Ireland

Name of Medical Attendant, Mrs. Ettet or other Person who makes this Return.

Address, No 16-19 Cuba St

Remarks,



or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (\$10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 91915

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) female

2. Race or Color, (if not of the white race) white

3. Date of Birth, Febr. 5th 1887

4. Place of Birth, (Street and Number) 23 S. Wolfe St.

5. Full Name of Mother, Kate L. Lums

6. Mother's Maiden Name, " " "

7. Mother's Birthplace, Baltimore Md.

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return. D. H. Dauchman

Address, 1727 E. Baltimore St.

Remarks,



of persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 91916

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return,

Address,

Remarks,



Copy of the birth certificate, containing the name of the mother and within the period above required, and any such person or persons who shall hereafter all in compliance with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

91917

y

2110

	Date
--	------

DEPARTMENT OF THE ARMY
FEB 15 1962

Feb. 5. 1881

1701 *Hydrocotyle* *arguta* Jac

Mrs. Rebecca Jane ^{Busey} ~~Smith~~ Campbell

Miss Rebecca Anne ~~Lowell~~ Busby

Bull. H. d.

Joseph Vernon Campbell

Contractor

Bach. M. d.

C. Glauville, Esq. & Co. & Co.

Levy C. Salt. Pl.

Horreus Holivory.

Electronics Division

RETURN OF A BIRTH 91918

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd Child

1. Sex (state whether male or female),

2. Race or Color (if not of the white race), White

3. Date of Birth, February 5, 1887

4. Place of Birth (Street and Number), Eden St. No. 430

5. Full Name of Mother, Lizzie Ebersmeyer

6. Mother's Maiden Name, Lizzie Frick

7. Mother's Birthplace, Mainroad, Gr. Hessen, Germany

8. Full Name of Father, Henry Ebersmeyer

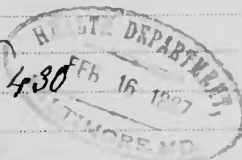
9. Father's Occupation, Laborer

10. Father's Birthplace, Baldv City

Name of Medical Attendant, or other person who makes this Return, Harry E. Miller

Address, N. Dallas St. No. 114

Remarks,



who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

91919

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st

1. Sex (state whether male or female),

Female

2. Race or Color (if not of the white race),

White

3. Date of Birth,

5th May

4. Place of Birth (Street and Number),

No. 1231 Battery Ave.

5. Full Name of Mother,

Frances Lentz

6. Mother's Maiden Name,

Frances Plushman

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Edward C. Lentz

9. Father's Occupation,

Captain

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other person who makes this Return.

Mrs. Conway

Address,

131
healthy

Remarks,

the Commissioner of Health, in the manner and within the period above required, and any alien, Chinese or person who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (\$10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 71920

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *first*

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *5 of Feb*

4. Place of Birth, (Street and Number) *1149 Russell*

5. Full Name of Mother, *Mary Ann Senguet*

6. Mother's Maiden Name, *Mary Ann Johnson*

7. Mother's Birthplace, *Chambridge M D*

8. Full Name of Father, *Henry Senguet*

9. Father's Occupation, *Draughtsman*

10. Father's Birthplace, *Amack Co Va*

Name of Medical Attendant, or other Person who makes this Return, *Catharine Aiken*

Address, *No 618 Water St*

Remarks,



or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 9/1921

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *ninth child (9/1921)*

1. Sex, (state whether male or female) *male*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *5-2-22*

4. Place of Birth, (Street and Number) *Baltimore St. 544 and*

5. Full Name of Mother, *Ellar Hayden*

6. Mother's Maiden Name, *Ellar Leiden*

7. Mother's Birthplace, *Baltimore*

8. Full Name of Father, *W.H. Hayden*

9. Father's Occupation, *engineer*

10. Father's Birthplace, *Virginia*

Name of Medical Attendant, or other Person who makes this Return. *~~Dr. [illegible]~~*

Address, *Mrs. [illegible]*

Remarks, *219 N. [illegible] St.*

Persons who will furnish or fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH ^{9/922}

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female) male

2. Race or Color, (if not of the white race) colored

3. Date of Birth, February 5 1887

4. Place of Birth, (Street and Number) 37 Preston St

5. Full Name of Mother, Emma A. Combs

6. Mother's Maiden Name, Emma A. Combs

7. Mother's Birthplace, W. S. Combs (Combs)

8. Full Name of Father, Walter

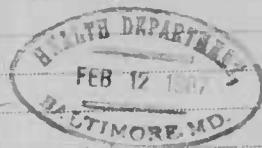
9. Father's Occupation, Yr. Man

10. Father's Birthplace, W. S. Combs (Combs)

Name of Medical Attendant, or other Person who makes this Return, M^{rs} Miller Banks

Address, 917 N. Calver St

Remarks,



RETURN OF A BIRTH 91923

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether male or female),

2. Race or Color (if not of the white race),

3. Date of Birth,

4. Place of Birth (Street and Number),

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

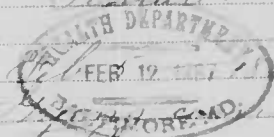
9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks,



who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

91924

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

4 Child

1. Sex (state whether male or female),

Male

2. Race or Color (if not of the white race),

3. Date of Birth,

4. Place of Birth (Street and Number),

1415 Hanover

5. Full Name of Mother,

Mary Miller

6. Mother's Maiden Name,

Troop

7. Mother's Birthplace,

America

8. Full Name of Father,

Conrad Miller

9. Father's Occupation,

Baker

10. Father's Birthplace,

Germany

Name of Medical Attendant, or other person who makes this Return.

J. Schwasser, M.D.

Address,

1032 Hanover St.

Remarks,

RETURN OF A BIRTH 91925

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

4 Child
Male

1. Sex (state whether male or female),

2. Race or Color (if not of the white race),

3. Date of Birth,

Feb 5 1892
132, Cr. 132, 132

4. Place of Birth (Street and Number),

5. Full Name of Mother,

Mary Herman
Herman, MD.

6. Mother's Maiden Name,

7. Mother's Birthplace,

America.

8. Full Name of Father,

Louis Herman

9. Father's Occupation,

Barber.

10. Father's Birthplace,

America.

Name of Medical Attendant, or other person who makes this Return.

J. Schuesser, M.D.

Address,

132, Cr. 132, 132

Remarks,

who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 91926

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

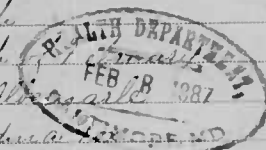
9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,



Persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

91927

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2d*

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *Feb 5 1887*

4. Place of Birth, (Street and Number) *1124 Patterson Ave*

5. Full Name of Mother, *Emma C. Himes*

6. Mother's Maiden Name, *Gardner*

7. Mother's Birthplace, *Balto Co. Md*

8. Full Name of Father, *J. Himes*

9. Father's Occupation, *Carpenter*

10. Father's Birthplace, *Balto. City Md.*

Name of Medical Attendant, or other Person who makes this Return. *J. H. Christian M.D.*

Address, *1821. Madison Ave.*

Remarks, *111*

or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of five (10) dollars for each offense to be recovered as other due and forfeitures are recoverable.

RETURN OF A BIRTH 91928

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 13d

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, Feb 5 1897

4. Place of Birth, (Street and Number) 410 E. Baltimore St

5. Full Name of Mother, Hannah L. Conner

6. Mother's Maiden Name, " " Rank

7. Mother's Birthplace, Baltimore Md

8. Full Name of Father, Martin Conner

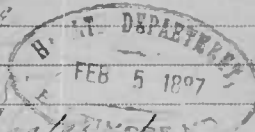
9. Father's Occupation, Laborer

10. Father's Birthplace, Maryland

Name of Medical Attendant, or other Person who makes this Return, J. D. [Signature]

Address, 1727 E. Baltimore St

Remarks,



Report all births to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 91929

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Seventh*

1. Sex, (state whether male or female) *Female*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *Feb 5 1897*

4. Place of Birth, (Street and Number) *512 Fulton Ave*

5. Full Name of Mother, *Mary J Schumm*

6. Mother's Maiden Name, *Mary J Egelhardt*

7. Mother's Birthplace, *Balto*

8. Full Name of Father, *Leona A Schumm*

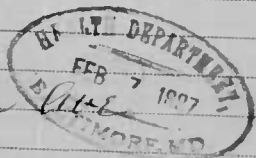
9. Father's Occupation, *Salesman*

10. Father's Birthplace, *Balto*

Name of Medical Attendant, or other Person who makes this Return, *Dra L. Fetterhoff M.D.*

Address, *1419 Grand Hill Ave*

Remarks, *Primature Birth*



or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 91939

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. ☒ Child of Mother, (state whether 1st, 2d, 3d, &c.) *third child*

1. Sex, (state whether male or female).

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Fifth of February

4. Place of Birth, (Street and Number)

No 9. Baker st

5. Full Name of Mother,

Rebecca Weits

6. Mother's Maiden Name,

Rebecca Edwards

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

James H. Weits

9. Father's Occupation,

Boiler Maker

10. Father's Birthplace,

Baltimore County

Name of Medical Attendant, or other Person who makes this Return.

Mrs. Ida J. Baker

Address,

602 Bond st

Remarks,



or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 91931

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *one*

1. Sex, (state whether male or female) *Female*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *February 6 1887*

4. Place of Birth, (Street and Number) *Baltimore County 132*

5. Full Name of Mother, *Sarah Kidwell*

6. Mother's Maiden Name, *Sarah Jones*

7. Mother's Birthplace, *Baltimore City*

8. Full Name of Father, *James Kidwell*

9. Father's Occupation, *labor*

10. Father's Birthplace, *Washington D.C.*

Name of Medical Attendant, or other Person who makes this Return, *Mrs. Dang*

Address, *711 Cross St*

Remarks, *(C)*



RETURN OF A BIRTH. 9/1932

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 8th
1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Colored
3. Date of Birth Feb. 6, 1897
4. Place of Birth, (Street and Number) 1132 Warner St
5. Full Name of Mother, Emmaline Turner
6. Mother's Maiden Name, Emmaline William
7. Mother's Birthplace, West River
8. Full Name of Father, John Turner
9. Father's Occupation, Oyster shucker
10. Father's Birthplace, Baltimore Md
- Name of Medical Attendant, or other Person who makes this Return. Mrs. Abrilla Brooks
- Address, 1132 Warner St
- Remarks, Doing Well



report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 91953

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

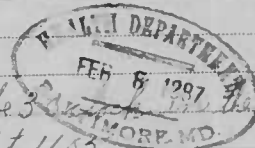
female

2. Race or Color, (if not of the white race)

color

3. Date of Birth.

february 6 1887



4. Place of Birth, (Street and Number)

in almost 1153

5. Full Name of Mother.

flance bayman

6. Mother's Maiden Name.

flance mettle

7. Mother's Birthplace.

antral aunts

8. Full Name of Father.

hson bayman

9. Father's Occupation.

lumber yard work

10. Father's Birthplace.

seneswell count

Name of Medical Attendant,

or other Person who makes this return

herson bayman

Address.

No 11 Dallas Street

Remarks.

report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH, 91934

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

3rd

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth

Feb 6

4. Place of Birth, (Street and Number)

128 1/2 W. 1st St.

5. Full Name of Mother,

Fredricka Gorman

6. Mother's Maiden Name,

" Polak

7. Mother's Birthplace,

Germany

8. Full Name of Father,

Charles Gorman

9. Father's Occupation,

Boat Builder

10. Father's Birthplace,

Germany

Name of Medical Attendant, or other Person who makes this Return.

A. H. H. H.

Address,

453 W. 1st St.

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *11th*

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Sept 6th 1887

4. Place of Birth, (Street and Number)

501 Cincinnati

5. Full Name of Mother,

Harriet Wolff

6. Mother's Maiden Name,

Bank

7. Mother's Birthplace,

Carolina

8. Full Name of Father,

Hamilton E. Wolff

9. Father's Occupation,

Merchant

10. Father's Birthplace,

S. C.

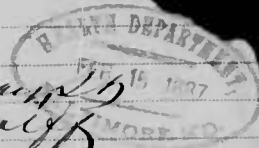
Name of Medical Attendant, or other Person who makes this Return

Mr D Blake M.D.

Address,

603 S. Race

Remarks,



report its birth to the Commissioner of Health, in the manner and within the period above required, and any person or persons who shall hereafter fail to comply with the provisions of this section, shall be subject to the fine of ten dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

71937

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether ~~1st~~, 2d, 3d, etc.)

2^d

1. Sex (state whether ~~Male~~ or Female)

Female

2. Race or Color (if not of the white race)

3. Date of Birth

February 6 - 1887

4. Place of Birth (Street and Number)

409 S. Payson St

5. Full Name of Mother

Mrs. Maggie Patterson

6. Mother's Maiden Name

H. Stephens

7. Mother's Birthplace

Liberty - Frederick Co. Md.

8. Full Name of Father

George E. Patterson

9. Father's Occupation

Turner

10. Father's Birthplace

Baltimore Md

Name of Medical Attendant, or other Person who makes this Return.

C. C. McDowell M.D.

Address.

1521 N. Fayette St

Remarks



report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person who fails to comply with the provisions of this section, shall be subject to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 7/19/38

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race)

3. Date of Birth, 6th of February

4. Place of Birth, (Street and Number) 1601st Clarkson St.

5. Full Name of Mother, Catherine P. Ward

6. Mother's Maiden Name, " Wheeler

7. Mother's Birthplace, Baltimore, Md.

8. Full Name of Father, William H. Reed

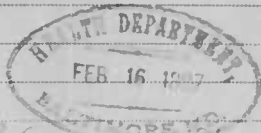
9. Father's Occupation, Watchman B & C

10. Father's Birthplace, Baltimore, Md.

Name of Medical Attendant, or other Person who makes this Return, Josephina H. Sullivan

Address,

Remarks,



RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *First & child*

1. Sex, (state whether male or female) *Female*

2. Race or Color, (if not of the white race) *Irish*

3. Date of Birth, *Feb 6th*

4. Place of Birth, (Street and Number) *9. Bond St.*

5. Full Name of Mother, *Lilie Singer*

6. Mother's Maiden Name, *Lilie Spiegel*

7. Mother's Birthplace, *Regy. Gyllsche Hungarian*

8. Full Name of Father, *Alexander Singer*

9. Father's Occupation, *Caller*

10. Father's Birthplace, *Canada Hungarian*

Name of Medical Attendant, or other Person who makes this Return.

Address, *217 N. Bond St.*

Remarks,



or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

Missing 91940-91943, incl.

RETURN OF A BIRTH 919

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Mabel Leha Eckman*

1. Sex, (state whether male or female) *Female*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *February 6th. 1887.*

4. Place of Birth, (Street and Number) *= 319 St. Patrick St.*

5. Full Name of Mother, *Kate Eckman*

6. Mother's Maiden Name, *Kate Randall*

7. Mother's Birthplace, *Baltimore*

8. Full Name of Father, *Henry Eckman.*

9. Father's Occupation, *Teamster*

10. Father's Birthplace, *Baltimore*

Name of Medical Attendant, or other Person who makes this Return. *J. F. Oble M.D.*

Address, *Wm. #102 North Carrollton St.*

Remarks, **CIVIL NAME ADDED.** *3-24-88*

be its attendance upon the mother, immediately thereafter, and within the period above required, and any such person report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 91945

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d

1. Sex (state whether male or female), Female

2. Race or Color (if not of the white race), White

3. Date of Birth, Feb 6th 1884

4. Place of Birth (Street and Number), 105 N Gay St.

5. Full Name of Mother, Sarah Rosenheim

6. Mother's Maiden Name, Dora Fried.

7. Mother's Birthplace, Balti City

8. Full Name of Father, Abraham Rosenheim

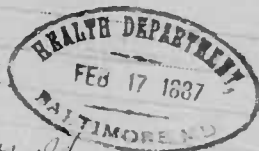
9. Father's Occupation, Merchant

10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return

Address,

Remarks,



The Registrar of Vital Statistics, Board of Health, Baltimore City, shall become the duty of the person or persons of such child to report the birth to the Registrar of Vital Statistics, Board of Health, Baltimore City, and any and all persons or persons who shall be subject to the fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

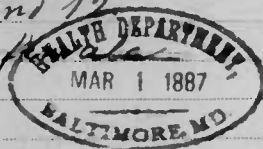
be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

91946.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *11 and 12*
1. Sex, (state whether male or female) *male and female*
2. Race or Color, (if not of the white race) _____
3. Date of Birth, *6. Februar '87*
4. Place of Birth, (Street and Number) *E. Madison st.*
5. Full Name of Mother, *Anna Marie Uhlig*
6. Mother's Maiden Name, *Eichler*
7. Mother's Birthplace, *Saxonia, Germany*
8. Full Name of Father, *Robert Richard Uhlig*
9. Father's Occupation, *Teacher of music & german language*
10. Father's Birthplace, *Saxonia, Germany*
- Name of Medical Attendant, or other Person who makes this Return. *Mrs. G. M. M. L.*
- Address, *10 Pearl str.*
- Remarks, _____



RETURN OF A BIRTH

91947

Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Mother, (state whether 1st, 2d, 3d, &c.)

1st child

Whether male or female

Female

(if not of the white race)

White Race

Birth

Feb. 6th 1886

Address, (Street and Number)

275 N Calvert St

Mother,

Anna Starklin Slon

Child's Name,

Harry Alexander Anna Starklin Slon

Place of Birth,

Baltimore City

Father,

Fischer Slon

Occupation,

Lawyer Merchant

Place of Birth,

Baltimore City

Medical Attendant, or other Person who makes this Return.

Dr H J Stroud

275 N Calvert St Baltimore 187 Madison St



be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered by other laws and forfeitures are recoverable.

RETURN OF A BIRTH 91948.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)...

2. Race or Color, (if not of the white race)...

3. Date of Birth,...

4. Place of Birth, (Street and Number)...

5. Full Name of Mother,...

6. Mother's Maiden Name,...

7. Mother's Birthplace,...

8. Full Name of Father,...

9. Father's Occupation,...

10. Father's Birthplace,...

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,



White
Feb 6th 1887
223 Corner
Lizzie Hobbins
Jones
Died
Lg Hobbins
Solicitor
Died

Dr. L. J. Harris
835 N. Lombard St

RETURN OF A BIRTH 91949

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Ten Child

1. Sex (state whether male or female),

Male

2. Race or Color (if not of the white race),

White

3. Date of Birth,

February 6 1881

4. Place of Birth (Street and Number),

No. 308 Chester St.

5. Full Name of Mother,

Mary Anna Moody

6. Mother's Maiden Name,

Brown

7. Mother's Birthplace,

Ireland

8. Full Name of Father,

William Moody

9. Father's Occupation,

Capt. of Lug Boat

10. Father's Birthplace,

Nova Scotia

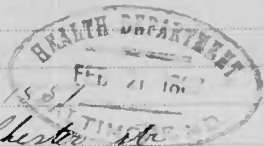
Name of Medical Attendant, or other person who makes this Return.

Mrs. Wiley

Address,

No. 611 Patterson Park Sw.

Remarks,



RETURN OF A BIRTH 91950

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *3rd*

1. Sex, (state whether male or female) *Female*

2. Race or Color, (if not of the white race)

3. Date of Birth, *Feb 6th 87*

4. Place of Birth, (Street and Number) *1433 Apple St*

5. Full Name of Mother, *Mary M Hoffman*

6. Mother's Maiden Name, *Mary M Myforth*

7. Mother's Birthplace, *Baltimore*

8. Full Name of Father, *Philip W Hoffman*

9. Father's Occupation, *Shoemaker*

10. Father's Birthplace, *Baltimore*

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,



J. Allen Wood
639 Franklin St

With or any child born, the duty of the person or persons of such child, to be in attendance upon the mother, immediately thereafter it shall become the duty of the mother, immediately thereafter it shall become the duty of the mother, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this act, shall be subject to the fine of ten (\$10) dollars for each offence to be recovered.

RETURN OF A BIRTH 9/19/51.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd Child

1. Sex (state whether male or female),
2. Race or Color (if not of the white race), White
3. Date of Birth, February the 6, 1951
4. Place of Birth (Street and Number), E. Baltimore St. No. 3
5. Full Name of Mother, Mary E. Hunold
6. Mother's Maiden Name, Mary E. Luker
7. Mother's Birthplace, Philadelphia, U.S.
8. Full Name of Father, Anton Hunold
9. Father's Occupation, Carpenter
10. Father's Birthplace, Westphalen, Pr. Reussen German

Name of Medical Attendant, or other person who makes this Return, Mary E. Müller

Address, N. Dallas St. No. 4 H4

Remarks,

the attendance of a physician or practitioner of medicine, or should no other person be in attendance, upon the mother, immediately thereafter it shall become the duty of the person or persons of such child to report its birth to the Commissioner of Health. In the manner and within the period above required, and any such person or persons thereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered by the State.

RETURN OF A BIRTH 919527

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex (state whether male or female), Female

2. Race or Color (if not of the white race),

3. Date of Birth, Feb 5th 1887

4. Place of Birth (Street and Number), 1822 Canton

5. Full Name of Mother, Anne Gyllert

6. Mother's Maiden Name, Locher

7. Mother's Birthplace, City

8. Full Name of Father, Thomas Gyllert

9. Father's Occupation, Captain Drudger

10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Lizzy Bell

Address, 1144 Bank st

Remarks,



the attendance of a physician or practitioner of midwifery, or should an actor person be in attendance upon the mother, immediately thereafter, it shall become the duty of the person or persons of such child to report the birth to the Commissioner of Health. In the manner and within the period above required, and any such person or persons who shall pervert or fail to comply with the provisions of this section shall be subjected to the fine of ten dollars for each offence, to be recovered by other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race)..... *White*

3. Date of Birth, February 5..

4. Place of Birth, (Street and Number) No 120 Ridgely St. (Old Number)

5. Full Name of Mother, Lacie Hoteler

6. Mother's Maiden Name, Schaffer

7. Mother's Birthplace, Balto. City

8. Full Name of Father, John Botter

9. Father's Occupation, Shoemaker

10. *Father's Birthplace,*

Name of Medical Attendant, or other Person who makes this Return.

Address, 1 E. 10th Columbia & Fremont Ave.

Remarks,

[illegible]

RETURN OF A BIRTH 919

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

First (91954)

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

February 5th 1887

4. Place of Birth, (Street and Number)

512 St. Calvert St.

5. Full Name of Mother,

Sarah E. Yeakle

6. Mother's Maiden Name,

Sarah E. Kline

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Louis A. Yeakle

9. Father's Occupation,

Printer

10. Father's Birthplace,

Fredrick, Maryland

Name of Medical Attendant, or other Person who makes this Return

Edward G. Mackenzie M.D.

Address,

206 W Franklin St.

Remarks,

Not any

RETURN OF A BIRTH 9/1958

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. Sex, (state whether male or female) female

2. Race or Color, (if not of the white race) white

3. Date of Birth, Feb. 1st 1887

4. Place of Birth, (Street and Number) 136 Front St.

5. Full Name of Mother, Hannah Jacobs

6. Mother's Maiden Name, Lewis

7. Mother's Birthplace, Poland

8. Full Name of Father, Abraham Jacobs

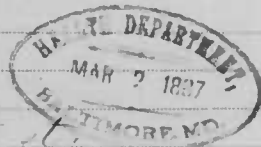
9. Father's Occupation, Tailor

10. Father's Birthplace, Poland

Name of Medical Attendant, or other Person who makes this Return, Mrs. C. Bernstein

Address, 122 N. Exeter St.

Remarks,



Report, his birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 91956.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 12th

1. Sex (state whether male or female), female

2. Race or Color (if not of the white race), white

3. Date of Birth, 3rd February

4. Place of Birth (Street and Number), Corner of 3rd and Canton

5. Full Name of Mother, Mrs Bohne

6. Mother's Maiden Name, Kömer.

7. Mother's Birthplace, Hassen (Germ.)

8. Full Name of Father, David Bohne

9. Father's Occupation, Laborer

10. Father's Birthplace, Hassen (Germ.)

Name of Medical Attendant, or other person who makes this Return, Mrs G. Weiss

Address, 424 Lancaster St.

Remarks,



moder. Immediately thereafter it shall become the duty of the person or persons of such child to report its birth to the (Canton) within, in the mother and within the period above required, and any such person or persons who shall become liable to be recorded as other filer and for failure are recoverable, for each offense, to be recorded as other filer and for failure are recoverable.

subject, immediately thereafter it shall become the duty of the person or persons of such child to report the birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

CERTIFICATE CORRECTED 1-5-55

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

NAME: EDWARD ADAM HORMESS

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether male or female), Male

2. Race or Color (if not of the white race),

3. Date of Birth,

4. Place of Birth (Street and Number),

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks,



RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female).

2. Race or Color, (if not of the white race).

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who
makes this Return

Address,

Remarks.

Female

White

Feb. 5, 1887

447 Baltimore St.

Baltimore

Salisbury

Baltimore

Taylor King

Telegraph Operator

Baltimore

H. T. Keenels, M.D.
722 Chesapeake St.



RETURN OF A BIRTH 91989.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex (state whether male or female),

Male

2. Race or Color (if not of the white race),

White

3. Date of Birth,

February 5th 1887

4. Place of Birth (Street and Number),

No 1387 W Pratt street

5. Full Name of Mother,

Kate C Mcconnick.

6. Mother's Maiden Name,

4 4 Deegan
Ireland

7. Mother's Birthplace,

8. Full Name of Father,

John Mcconnick
Laborer

9. Father's Occupation,

10. Father's Birthplace,

Ireland

Name of Medical Attendant, or other person who makes this Return.

Mrs C Seaback.

Address,

No 735 W Pratt street.

Remarks,

salt factory.



mother. Immediately thereafter it shall become the duty of the person or persons of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, in the discretion of the Board of Health, and other fines and forfeitures are recoverable.

TH 71960

1. Sex (state whether 1st 2d 3d)

The First

A circular postmark from Singapore, dated March 3, 1927. The text 'POST DEPARTMENT' is at the top and 'SINGAPORE' is at the bottom. The date 'MAR 3 1927' is in the center. There is a handwritten '11' to the left of the circle.

11/18/81

Switzer

~~A. chrysia~~
A. trall

Washington D.C.

(J. Sturtevant)

Switzer

Baltimore Md

or other person who makes this Return.

who
urn.

Mrs. C. Lebach
No 785 3/4 Pratt street

No 785 31 Park Street

the attendance of a physician or nurse, or of the Coroner, immediately thereafter if summoned by the Coroner, and if he or she fails to appear at the trial, he or she shall be liable to a fine of ten dollars for each offence, to be recovered by the State.

RETURN OF A BIRTH 91961

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

4th

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth

6th Feb

4. Place of Birth, (Street and Number)

Baltimore, Sharps St 9237

5. Full Name of Mother

Rachel Rotman

6. Mother's Maiden Name

Rachel Creamer

7. Mother's Birthplace

Baltimore

8. Full Name of Father

Louis Rotman

9. Father's Occupation

Sine tail company

10. Father's Birthplace

Baltimore

Name of Medical Attendant, or other Person who makes this Return

Auguste Borien

Address

924 - Sharp St

Remarks



Birth of any child shall occur without the attendance of a physician or practitioner of medicine, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child to report its birth to the Commissioner of Health, in the manner and within the period prescribed, and any such person or persons who shall intentionally fail to comply with the provisions of this section, shall be subject to the fine of ten (10) dollars for each offense to be recovered in a summary proceeding.

mother, immediately thereafter it shall become the duty of the persons or parents of such child to report to the Commissioner of Health, in the manner and within the period therein provided, the birth of such child, and who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (\$10) dollars for each offense. to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 91962

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex (state whether male or female), male

2. Race or Color (if not of the white race),

3. Date of Birth, 6th February 1907

4. Place of Birth (Street and Number), 618 S. Charles

5. Full Name of Mother, Emma Beckwith

6. Mother's Maiden Name, " Muller

7. Mother's Birthplace, Balt

8. Full Name of Father, Frederick A. Beckwith

9. Father's Occupation, Cigar maker

10. Father's Birthplace, Balt

Name of Medical Attendant, or other person who makes this Return, H. W. Phelps

Address, 106 Bancroft

Remarks,

RETURN OF A BIRTH 91963

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6



1. Sex (state whether ~~male~~ or female),

2. Race or Color (if not of the white race),

3. Date of Birth, 4 February

4. Place of Birth (Street and Number), 500 Little Montgomery St.

5. Full Name of Mother, Dorothy Hook

6. Mother's Maiden Name, Winkhardt

7. Mother's Birthplace, Germany

8. Full Name of Father, George Hook

9. Father's Occupation, Lawyer

10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Miss. Blum

Address, No. 500 Leadenhall St.

Remarks,

the Commissioner of Health, in the manner and within the period above required, and any such person or persons who fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 91964

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *3rd*

1. Sex (state whether male or female), *Male*

2. Race or Color (if not of the white race), *White*

3. Date of Birth, *7 February*

4. Place of Birth (Street and Number), *65 Luxmore St*

5. Full Name of Mother, *Walgurga Trüsch*

6. Mother's Maiden Name, *Blank*

7. Mother's Birthplace, *Bavaria*

8. Full Name of Father, *Joseph Trüsch*

9. Father's Occupation, *Labeln*

10. Father's Birthplace, *Bavaria*

Name of Medical Attendant, *or other person who makes this Return. Mrs E. Weiss*

Address, *424 Lancaster St. Canton*

Remarks,



the Commissioner of Health, in the manner aforesaid, within the period above required, and any such person who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (\$10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 91965

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st Child

1. Sex (state whether male or female), Female

2. Race or Color (if not of the white race), White

3. Date of Birth, Feb 27 1887

4. Place of Birth (Street and Number), Wilcox St 103

5. Full Name of Mother, Anna Rebecca Sanford

6. Mother's Maiden Name, Anna Rebecca Brady

7. Mother's Birthplace, Wycoms County Md

8. Full Name of Father, William Henry Sanford

9. Father's Occupation, Carpenter

10. Father's Birthplace, Mill Mead in County Kingman

Name of Medical Attendant, or other person who makes this Return, Miss. H. H. H.

Address, No 100 Leadenhall St.

Remarks,



The Registrar of Births, in the manner and within the period above required, and any such person or persons who neglects or refuses to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as above fine and forfeitures are recoverable.

RETURN OF A BIRTH ^{9/19/66}

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

The 5th Child

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

No 25 350 1887

4. Place of Birth, (Street and Number)

The 707 of February 887

5. Full Name of Mother,

Anna Conroy

6. Mother's Maiden Name,

Anna Massey

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

John Conroy

9. Father's Occupation,

Iron Worker

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return.

Mr. Ch. L. Lauer

Address,

No 1059 Warfield Ave

Remarks,

Bal Md.

1887

RETURN OF A BIRTH, 91967

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth Feb 7 1897

4. Place of Birth, (Street and Number) 431 Hughes

5. Full Name of Mother, Ellen Shiner

6. Mother's Maiden Name, Shiner married

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Joseph Wallace

9. Father's Occupation, Laborer

10. Father's Birthplace, Massachusetts

Name of Medical Attendant, or other Person who makes this Return, Dr. Donkerough

Address, 12 E. Monument St.

Remarks,



report its birth to the Commissioner of Health, in the manner and within the period above required, and any child born to a woman who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered in other fines and forfeitures are recoverable.

RETURN OF A BIRTH ⁹⁴⁹⁶⁸

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) ^{1st}

1. Sex, (~~state whether male or female~~)

2. Race or Color, (~~if not of the white race~~)

3. Date of Birth, 2.7.87.

4. Place of Birth, (Street and Number) 714 - 5th St. (Belt)

5. Full Name of Mother, Leila Hurlbutt -

6. Mother's Maiden Name, Ives

7. Mother's Birthplace, Manchester, England.

8. Full Name of Father, Horace C. Hurlbutt -

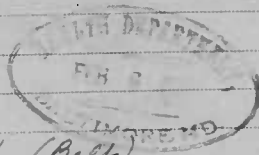
9. Father's Occupation, Merchant -

10. Father's Birthplace, San Francisco, Cal -

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,



Wm Eastman,
349 Lexington

or persons who shall hereafter fail to comply with the provisions of this section, shall be subject to the fine of ten (10) dollars for each offense to be recovered in other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

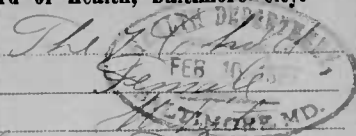
9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,



The 7 of February '88
No 708 Liberty Alley
Sophia Kredit
Sophia Bedder
Germany
Albert, Licht
Turner
Baltimore
Mrs Ch Lauer
No 1059 Harford
Bal Md
1887

RETURN OF A BIRTH 9/19/70

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. ☒ Child of Mother, (state whether 1st, 2d, 3d, &c.) ^{1st}

1. Sex, (state whether male or female) *Female* (Height *11 1/4 lbs*)

2. Race or Color, (if not of the white race) *Colored*

3. Date of Birth, *Feb 7th 87*

4. Place of Birth, (Street and Number) *# 513 St Paul St (Hamilton St)*

5. Full Name of Mother, *Ellen Terry Connor*

6. Mother's Maiden Name, *Ellen Terry*

7. Mother's Birthplace, *Va*

8. Full Name of Father, *Elias B. Connor*

9. Father's Occupation, *Coachman (For Chas J. Bonaparte)*

10. Father's Birthplace, *Maryland.*

Name of Medical Attendant, or other person who makes this Return

Address,

*Robert T. Wilson. M.D.
814 & 820 Park Ave*

or persons who shall hereafter (all to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

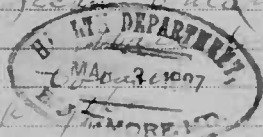
9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,



1st child (91971)
10 TH 1041 1/2 line st Balt
Lucy Regue
Lucy Regue

Baltimore, Md
Louis S. Pappe
Bacon Packing
King George, Co Md

Belmont 2007
No 34 Belmont 2007

RETURN OF A BIRTH *91972*

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Fourth*

1. Sex (state whether male or female), *Male*

2. Race or Color (if not of the white race), *White*

3. Date of Birth, *Feb 17 1887*

4. Place of Birth (Street and Number), *100 E. Baltimore St.*

5. Full Name of Mother, *Michaela G. Gable*

6. Mother's Maiden Name, *Daniel*

7. Mother's Birthplace, *Prussia*

8. Full Name of Father, *Edmund Gable*

9. Father's Occupation, *Miller*

10. Father's Birthplace, *Prussia*

Name of Medical Attendant, or other person who makes this Return. *Dr. Seldner*

Address, *100 E. Baltimore St.*

Remarks,

the Commissioner of Health, in the manner and within the period above required, and any such return or person who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (\$10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

9/19/23

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

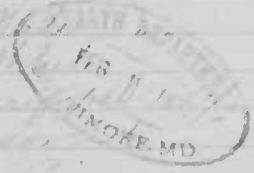
1. Sex (state whether male or female),
2. Race or Color (if not of the white race),
3. Date of Birth,
4. Place of Birth (Street and Number),
5. Full Name of Mother,
6. Mother's Maiden Name,
7. Mother's Birthplace,
8. Full Name of Father,
9. Father's Occupation,
10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks,

the Commissioner of Health, in the manner and within the period above required, and any such return of persons who shall hereafter fail to comply with the provisions of this act, shall be subject to the fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.



RETURN OF A BIRTH 91974

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. ☐ Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

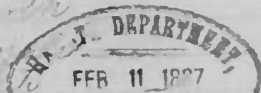
9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,



Fourth
Female
White
February 11 1897
907 Fremont Street
Augusta S. Miller
Augusta S. Hendricks
Baltimore, Md.
John H. Miller
Cigar Maker
Baltimore, Md.
Mrs. J. Hodson
Greenmount Ave.

936 New

Healthy

RETURN OF A BIRTH 9.19.75

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

- No. 3 Child of Mother, (state whether 1st, 2d, 3d, &c.) Female
1. Sex, (state whether male or female)
2. Race or Color, (if not of the white race)
3. Date of Birth, Feb 7/87
4. Place of Birth, (Street and Number) 906 Constitution St
5. Full Name of Mother, Annie M. Campbell
6. Mother's Maiden Name, Baltimore
7. Mother's Birthplace, Baltimore
8. Full Name of Father, James F. Connelley
9. Father's Occupation, Police Off
10. Father's Birthplace, Norfolk Va
- Name of Medical Attendant, Mrs S Wooden or other Person who makes this Return
- Address, 936 New Carrollton Rd
- Remarks,



RETURN OF A BIRTH 91976

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d.

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

February 7th

4. Place of Birth, (Street and Number)

N.E. Cor. McKim & Pratt Sts.

5. Full Name of Mother,

Minnie Anster

6. Mother's Maiden Name,

Weber

7. Mother's Birthplace,

Balto. City

8. Full Name of Father,

Edward M. Anster

9. Father's Occupation,

Letter Collector

10. Father's Birthplace,

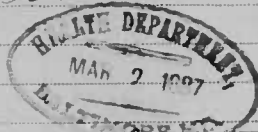
Balto City

Name of Medical Attendant, or other Person who makes this Return.

Address,

N.E. Cor. Columbia & Remond Aves

Remarks,



RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1 time*

● Sex (state whether male or female), *Male*

2. Race or Color (if not of the white race),

3. Date of Birth,

4. Place of Birth (Street and Number), *522 Beall St*

5. Full Name of Mother, *Leanne James*

6. Mother's Maiden Name, *Smith*

7. Mother's Birthplace,

8. Full Name of Father, *Charles James*

9. Father's Occupation, *Doctor*

● Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return, *Dr. B. B. B.*

Address,

Remarks,



This is to certify that the foregoing is a true and correct copy of the original as filed in the office of the Registrar of Vital Statistics, Baltimore City, for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

91978

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race)

3. Date of Birth.

4. Place of Birth (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

Fifth
Female
White
Feb 7th 1887
382 E. Madison St.
Addie Foster
Addie McVeigh
McCormac or so.
James Foster
Clerk
Baltimore Md.
J. G. Watson
130 N. (Central Ave)

of the parents, and the maiden name of the mother of such child or children

91979

BALTIMORE CITY.



2d

- Father's Birthplace*

Remarks

Feb 7th 87.
1806 Orleans St.
Cincinnati
Hahn
Germany
Wm Roken
Police off.
Dalle
Pillerawitz
949 Madison ave

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *8th* *91980.*

Sex, (state whether male or female) *Male*

Race or Color, (if not of the white race) *White*

Date of Birth, *10 MAR 1 1887*

Place of Birth, (Street and Number) *1009 N Bay St*

Full Name of Mother, *Josephine Martine Magnus*

Mother's Maiden Name, *" " Mc Aless*

Mother's Birthplace, *Balto.*

Full Name of Father, *John W Magnus*

Father's Occupation, *Chair Maker*

Father's Birthplace, *Balto.*

Name of Medical Attendant, or other Person who makes this Return. *Mrs Julia Groves*

Address, *940 N Bay St*

Remarks,

for each return to be recovered at other times and for returns are recoverable.

RETURN OF A BIRTH ^{7/198}

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

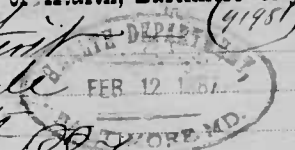
10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,

Female
White
Feb - 7th 1887
1021 Grant St.
Maggie Smith
" Cochran
Ireland
Patrick Smith
Bar. Keeper
Ireland
Wm. H. D. Sullivan
5. East Biddle St.



any of the persons or persons who are the subjects of the foregoing entries, and within the period above required, except in the case of illegitimate children, and any person or persons who fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH 91982.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9th Child

1. Sex (state whether male or female), Male

2. Race or Color (if not of the white race), White

3. Date of Birth, Born February 12/1887

4. Place of Birth (Street and Number), No 2113 Hollinsworth

5. Full Name of Mother, Mrs. Egen

6. Mother's Maiden Name, Mein Gable

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Mr. Egen

9. Father's Occupation, Germany Journalist

10. Father's Birthplace, Born Germany

Name of Medical Attendant, or other person who makes this Return, Mrs. Miller

Address, 612 No 1117 West Pratt

Remarks,

RETURN OF A BIRTH 9/19/83.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether male or female),

2. Race or Color (if not of the white race),

3. Date of Birth,

4. Place of Birth (Street and Number),

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks,

5th Child

Male

White

17th Feb 1881

old No 66 Frederick St

Mrs Horn

Mrs Lena Hall

Baltimore

Mrs Horn

Butcher

Harper's Ferry

Mrs. Hallie

old No 1017 Wm Pratt St

RETURN OF A BIRTH.

91684.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

9

1. Sex (state whether male or female)

female

2. Race or Color (if not of the white race)

white

3. Date of Birth

seventh of

4. Place of Birth (Street and Number)

No. 2215 Madison street

5. Full Name of Mother

Mrs. Kate Thelen

6. Mother's Maiden Name

Mrs. Kate Schum

7. Mother's Birthplace

Baltimore

8. Full Name of Father

William Thelen

9. Father's Occupation

Woodworker

Father's Birthplace

Cincinnati

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

Mrs. H. M. Thelen No. 9 Madison St.



RETURN OF A BIRTH. 9/985

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 9th

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth 7th February 1882

4. Place of Birth, (Street and Number) 414 North Street

5. Full Name of Mother, Gertrude Hess

6. Mother's Maiden Name, Babel Schirmer

7. Mother's Birthplace, Germanien

8. Full Name of Father, Johann Hess

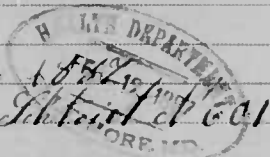
9. Father's Occupation, Glass Worker

10. Father's Birthplace, Germanien

Name of Medical Attendant, or other Person who makes this Return.

Address, 615 E. E. St. No. 1022 Franklin Street

Remarks,



or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten dollars for each offence to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH *91986*

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *7 child*

● Sex, (state whether male or female) *female*

2. Race or Color, (if not of the white race) *white*

3. Date of Birth, *February 7 1887*

4. Place of Birth, (Street and Number) *5 Gallagher corner*

5. Full Name of Mother, *Bridget Teernan*

6. Mother's Maiden Name, *Bridget Joyce*

7. Mother's Birthplace, *Ireland*

8. Full Name of Father, *John Teernan*

9. Father's Occupation, *Crozier*

● Father's Birthplace, *Ireland*

Name of Medical Attendant, or other Person who makes this Return, *Rachel A. Tyler*

Address, *65 Burke St*

Remarks,



Persons who shall surrender fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other dues and forfeitures are recoverable.

RETURN OF A BIRTH ⁹¹⁹⁸⁷

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

First
Male

Sex, (state whether male or female)

Race or Color, (if not of the white race)

White

Date of Birth,

Jan 7th 1887

Place of Birth, (Street and Number)

1474 Battery Ave

Full Name of Mother,

Mary Gallagher

Mother's Maiden Name,

Mary Johnson

Mother's Birthplace,

Frank Co Md

Full Name of Father,

John Gallagher

Father's Occupation,

Fireman

Father's Birthplace,

Frank Co Md

Name of Medical Attendant, or other Person who makes this Return,

D D Phillips

Address,

736 W Lombard St

Remarks,

RETURN OF A BIRTH 91988

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d

● Sex (state whether male or female), Male

2. Race or Color (if not of the white race), Colored

3. Date of Birth, Feb 7 1887

4. Place of Birth (Street and Number), 928 Morris

5. Full Name of Mother, Georgiana Hopewell

6. Mother's Maiden Name, Georgiana Robert

7. Mother's Birthplace, near Franktown Northampton Co Virginia

8. Full Name of Father, John A Hopewell

9. Father's Occupation, Writer

● Father's Birthplace, New Market Frederick County Md

Name of Medical Attendant, or other person who makes this Return, Mrs Annie Johnson

Address, 710 Lyson Street

Remarks,



for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

4th Child

Sex, (state whether male or female)

Female
HEALTH DEPARTMENT
FEB 26 1887
BALTIMORE, MD.

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Monday February 7th 1887

4. Place of Birth, (Street and Number)

Alex # 892 Booth St. East of Bappt

5. Full Name of Mother,

Christie's Gress

6. Mother's Maiden Name,

Christianie Hoffmann

7. Mother's Birthplace,

Balto City

8. Full Name of Father,

August Gress

9. Father's Occupation,

Barter at. Haman Drug Store

10. Father's Birthplace,

Balto City

Name of Medical Attendant, or other Person who makes this Return.

Mrs L. S. S. S.

Address,

217 P. Schreder St.

Remarks,

RETURN OF A BIRTH ⁹¹⁹⁹⁰

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,



July 9 1915
 Roberts St.
 May Leach Magruder
 Leach
 Balt.
 Ed B Magruder
 Merchant
 Balt.
 A M Wilson
 1008 Mad. Ave

RETURN OF A BIRTH 91991

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex (state whether male or female), Male

2. Race or Color (if not of the white race), White

3. Date of Birth, Feb 8th

4. Place of Birth (Street and Number), 1308. N. Gilman St.

5. Full Name of Mother, Mrs. Martha Potts

6. Mother's Maiden Name, " Thorne

7. Mother's Birthplace, Balto. Co.

8. Full Name of Father, Peter W. Potts Sr.

9. Father's Occupation, Painter

10. Father's Birthplace, City

Name of Medical Attendant, or other person who makes this Return, W. H. Hill M.D.

Address, Dr. Edmondson Ave. & Schenck St.

Remarks,



For each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

91992

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

3d

1. Sex (state whether male or female),

Female

2. Race or Color (if not of the white race),

Col.

3. Date of Birth,

February 8



4. Place of Birth (Street and Number),

312

N. Holliday St

5. Full Name of Mother,

Mary Hazeltine

6. Mother's Maiden Name,

Mary Hazeltine

7. Mother's Birthplace,

Queen Anne's Co. Md

8. Full Name of Father,

Thomas Riley

9. Father's Occupation,

Driver

10. Father's Birthplace,

Ind

Name of Medical Attendant, or other person who makes this Return.

Julia X Blake

Address,

312 N. Holliday St

Remarks,

for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH ⁹¹⁹⁹³

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *9*

1. Sex (state whether male or female),

Male

2. Race or Color (if not of the white race),

3. Date of Birth,

8 February

4. Place of Birth (Street and Number),

208 S. Baltimore

5. Full Name of Mother,

Mary Dohlen

6. Mother's Maiden Name,

Conling

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Mike Dohlen

9. Father's Occupation,

Police-man

10. Father's Birthplace,

Baltimore

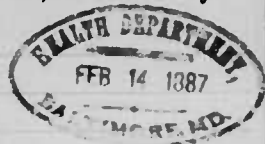
Name of Medical Attendant, or other person who makes this Return.

Sarah Casper

Address,

72 E. Lombard

Remarks,



RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) Colored

3. Date of Birth, February 8

4. Place of Birth, (Street and Number) Bradford alley 528

5. Full Name of Mother, Annie Millburn

6. Mother's Maiden Name, Annie Wilson

7. Mother's Birthplace, Baltimore City

8. Full Name of Father, David Millburn

9. Father's Occupation, Trudging

10. Father's Birthplace, Baltimore City

Name of Medical Attendant, or other Person who makes this Return Hennetter Glasco

Address, Mcelderry St. Extended

Remarks, Stillborn long Well



any person or persons who shall neglect or refuse to comply with the provisions of this act, shall be liable to a fine of ten dollars for each offense, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH 91995

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) male

2. Race or Color, (if not of the white race)

3. Date of Birth, Feb 21 1887

4. Place of Birth, (Street and Number) 122 Commercial

5. Full Name of Mother, Maggie Deal

6. Mother's Maiden Name, Wrightheart

7. Mother's Birthplace,

8. Full Name of Father, Philip Deal

9. Father's Occupation, Watchman

10. Father's Birthplace, Germany

Name of Medical Attendant, or other Person who makes this Return, J. J. Kelly

Address, 1728 B. K. St.

Remarks, null



or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 91996

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Sieth

Sex (state whether male or female),

Female

2. Race or Color (if not of the white race),

Color

3. Date of Birth,

Feb 8 - 87

4. Place of Birth (Street and Number),

No. 919 Shuler

5. Full Name of Mother,

Susan Morris

6. Mother's Maiden Name,

" Proctor

7. Mother's Birthplace,

Ma

8. Full Name of Father,

George H. Morris

9. Father's Occupation,

Coachman

Father's Birthplace,

Balto

Name of Medical Attendant, or other person who makes this Return.

Mrs Mary C. Cleeve

Address,

121 N. Drungh St

Remarks,



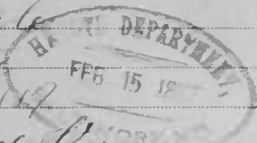
who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person who fails to do so, or who makes a false report, or who neglects to pay the fee provided for in this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH ¹⁹¹⁹

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th
1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) white
3. Date of Birth, Feb. 8, 1919
4. Place of Birth, (Street and Number) 727 Luzerne St.
5. Full Name of Mother, Agnes Hutchinson
6. Mother's Maiden Name, Agnes Bradyhouse
7. Mother's Birthplace, Balto.
8. Full Name of Father, William Hutchinson
9. Father's Occupation, laborer
10. Father's Birthplace, Virginia
- Name of Medical Attendant, or other Person who makes this Return, Mary L. Snayre
- Address, 726 Luzerne St.
- Remarks,



RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)... *Second*

Sex, (state whether male or female)... *Male*

2. Race or Color, (if not of the white race)... *W.*

3. Date of Birth, *Feb 5th 1897*

4. Place of Birth, (Street and Number) *20 W Bond St*

5. Full Name of Mother, *Eugenia A. Finney*

6. Mother's Maiden Name, *Patterson*

7. Mother's Birthplace, *Balt.*

8. Full Name of Father, *St. John Finney*

9. Father's Occupation, *Carpenter*

Father's Birthplace, *Balt.*

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,



Edw. Britton M.D.
124 Broadway

or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH ⁹¹⁹⁹⁹

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second
1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, February 8th 1887
4. Place of Birth, (Street and Number) No 11 Sterling St
5. Full Name of Mother, Virginia Roy
6. Mother's Maiden Name, Smith
7. Mother's Birthplace, Virginia
8. Full Name of Father, Wm T. Roy
9. Father's Occupation, Porter
10. Father's Birthplace, Virginia
- Name of Medical Attendant, or other Person who makes this Return. Amelia Johnson
- Address, 125 E. Hamilton St.
- Remarks, _____



RETURN OF A BIRTH 92000

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, Feb. 8th 1887

4. Place of Birth, (Street and Number) 524 McMechin

5. Full Name of Mother, Fannie Varnay

6. Mother's Maiden Name, Hurtt

7. Mother's Birthplace, Balto. City

8. Full Name of Father, Benj. Varnay

9. Father's Occupation, Expressman

10. Father's Birthplace, Howard Co. Md.

Name of Medical Attendant, or other Person who makes this Return, J. B. Christian M.D.

Address, 1821 Madison Ave.

Remarks,

or persons who shall be liable to pay a fine of \$100 for each offense to be recovered as other laws and ordinances are recoverable.

RETURN OF A BIRTH 92001

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

6th Child

Sex, (state whether male or female)

Boy

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

8th of February 1887

4. Place of Birth, (Street and Number)

13. South Chapel Street

5. Full Name of Mother,

Mary Lord.

6. Mother's Maiden Name,

Mary Grug.

7. Mother's Birthplace,

Baltimore.

8. Full Name of Father,

William Nick Grug.

9. Father's Occupation,

Tinsmith

Father's Birthplace,

Baltimore.

Name of Medical Attendant, or other Person who makes this Return.

Crescentia Kunkel.

Address,

213 North Chapel Street per Justina Kunkel

Remarks,

Healthy.

or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 92002

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. ☒ Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

Fourth Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

February 8th 1887

4. Place of Birth, (Street and Number)

10 1203 St Paul Street

5. Full Name of Mother,

Eliza Lawrence Hoffman

6. Mother's Maiden Name,

Eliza Lawrence Ballam

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

B. Cuyon Hoffman

9. Father's Occupation,

Merchant

10. Father's Birthplace,

Baltimore

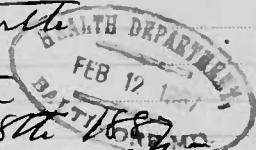
Name of Medical Attendant, or other Person who makes this Return

J. P. Hiltner

Address,

814 Park Avenue

Remarks,



RETURN OF A BIRTH *92003*

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st*

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *Feb 19 1897*

4. Place of Birth, (Street and Number) *339 S. Street*

5. Full Name of Mother, *Charles E. ...*

6. Mother's Maiden Name, *" "*

7. Mother's Birthplace, *Philadelphia*

8. Full Name of Father, *George C. ...*

9. Father's Occupation, *Cashier at ...*

10. Father's Birthplace, *Baltimore*

Name of Medical Attendant, or other Person who makes this Return. *Dr. ...*

Address, *515 ...*

Remarks, *...*

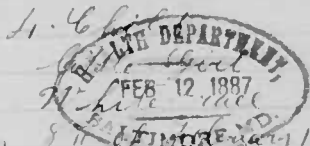
or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (\$10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH *9 2004*

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)



1. Sex (state whether male or female),

2. Race or Color (if not of the white race),

3. Date of Birth,

4. Place of Birth (Street and Number),

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks,

Born 8 11 1887
No 2216 Frederick ave

Mrs. Echert

Wien. Ziberlein

Born Baltimore

Mr. Echert

Labourer

Germany

old No 1017 west Pratt St

Mrs. Miller

RETURN OF A BIRTH 77005

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st Child*

1. Sex (state whether ~~male~~ or female),

2. Race or Color (if not of the white race), *White*

3. Date of Birth, *February 2nd, 1884*

4. Place of Birth (Street and Number), *S. High St. No. 401*

5. Full Name of Mother, *Mary Fischer*

6. Mother's Maiden Name, *Mary Stenold*

7. Mother's Birthplace, *Baltimore City*

8. Full Name of Father, *Philipp Fischer*

9. Father's Occupation, *Baker*

10. Father's Birthplace, *Badelburg, Pr. Rhen. Germany*

Name of Medical Attendant, or other person who makes this Return, *Mary E. Keller*

Address, *N. Dallas St. No. 144*

Remarks,

who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH *92006*

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *3d*

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race) *Colored*

3. Date of Birth, *Feb 6th 1887*

4. Place of Birth, (Street and Number) *No 4 Bolton Alley*

5. Full Name of Mother, *May Billingsley*

6. Mother's Maiden Name, _____

7. Mother's Birthplace, *Calvert County*

8. Full Name of Father, *George Billingsley*

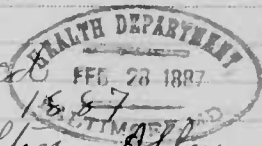
9. Father's Occupation, *Coffee Roaster*

10. Father's Birthplace, *Calvert County* *Sarah Rollins*

Name of Medical Attendant, or other Person who makes this Return, _____

Address, _____

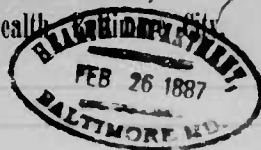
Remarks, _____



or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH ⁹²⁰⁰⁷

To the Office of Registrar of Vital Statistics, Board of Health



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) ^{1st}

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race)

3. Date of Birth,

Feb 8th 87

4. Place of Birth, (Street and Number)

638 George St.

5. Full Name of Mother,

Mary Mc Intire

6. Mother's Maiden Name,

Mary Mc Intire

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

James Mc Intire

9. Father's Occupation,

Carman

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return.

J. Heller, M.D.

Address,

639 Franklin St.

Remarks,

or persons who shall hereafter fill to comply with the provisions of this section, shall be subjected to the fine of ten (\$10) dollars for each offense to be recovered as other laws and ordinances are enforceable.

RETURN OF A BIRTH, 92008

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1111

1. Sex (state whether male or female) 11

2. Race or Color, (if not of the white race) 11

3. Date of Birth Feb 14

4. Place of Birth, (Street and Number) 205 Chestnut St

5. Full Name of Mother Mrs. Hannah Cummings

6. Mother's Maiden Name Miss. Hannah Nichols

7. Mother's Birthplace Baltimore

8. Full Name of Father Thomas H. Cummings

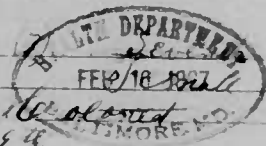
9. Father's Occupation Druggist

10. Father's Birthplace Lewistown Pa

Name of Medical Attendant, or other Person who makes this Return. Mrs. Ann Cornschor

Address 9 Union ally near Eden St

Remarks Mother & Child doing well



RETURN OF A BIRTH, 92009

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) _____

1. Sex (state whether ~~male~~ female) _____
2. Race or Color, (if not of the white race) *White*
3. Date of Birth *February 9th 1887*
4. Place of Birth, (Street and Number) *Ed 226, New Broadway*
5. Full Name of Mother *Matilda Herrman*
6. Mother's Maiden Name *Matilda Meyer*
7. Mother's Birthplace *Germany*
8. Full Name of Father *Aaron Herrman*
9. Father's Occupation *Shoe Business*
10. Father's Birthplace *Germany*



Name of Medical Attendant, or other Person who makes this Return. _____

Address _____

Remarks _____

Nicholas L. Dashiell,
New 700 25 Broadway

over RETURN OF A BIRTH 92010

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Anna Marie Engel (Mary) Engel*
 1. Sex (state whether male or female), *girl*
 2. Race or Color (if not of the white race), *white*
 3. Date of Birth, *4 Feb. 1887*
 4. Place of Birth (Street and Number), *St. Bonif. St. No. 827*
 5. Full Name of Mother, *Mary Engel*
 6. Mother's Maiden Name, *Mary Mijs*
 7. Mother's Birthplace, *Schönbach in Hohen*
 8. Full Name of Father, *Henry Engel*
 9. Father's Occupation, *Baker*
 10. Father's Birthplace, *Lehr Ramstadt in Hessen*
 Name of Medical Attendant, or other person who makes this Return, *Marie Reil*
 Address, *H. Engel St. Bonif. St. No. 827*
 Remarks,



Who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH, 92011

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *4th Child (Second birth)*

Sex, (state whether male or female) *Female*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth *Feb 9th 1887*

4. Place of Birth, (Street and Number) *133 John St*

5. Full Name of Mother, *Emily Sant Reardon*

6. Mother's Maiden Name, *Emily Sant*

7. Mother's Birthplace, *Washington, D.C.*

8. Full Name of Father, *Errett Reardon*

9. Father's Occupation, *Sawyer*

Father's Birthplace, *Worcester, Mass.*

Name of Medical Attendant, or other Person who makes this Return. *A. H. Sutton M.D.*

Address, *1136 Lexington St.*

Remarks,



RETURN OF A BIRTH *92012*

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *4th*

1. Sex (state whether male or female), *female*

2. Race or Color (if not of the white race), *White*

3. Date of Birth, *9 of Februar*

4. Place of Birth (Street and Number), *710 Columbia St.*

5. Full Name of Mother, *Elizabeth Arenz*

6. Mother's Maiden Name, *Bay*

7. Mother's Birthplace, *Mordorf, Hessen Nassau*

8. Full Name of Father, *John Arenz*

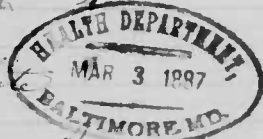
9. Father's Occupation, *Lohoe. Maker*

10. Father's Birthplace, *Marburg, Hessen.*

Name of Medical Attendant, *or other person who makes this Return.*

Address,

Remarks,



*Ma & Lebad
to 735 41 Duell St*

for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 92013

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex (state whether male or female), Female

2. Race or Color (if not of the white race),

3. Date of Birth,

4. Place of Birth (Street and Number), 2433 Camden Ave

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks,



who shall hereafter fail to comply with the provisions of this act, shall be subject to the fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *4th*

1. Sex (state whether male or female), *male*

2. Race or Color (if not of the white race), *White*

3. Date of Birth, *9 February*

4. Place of Birth (Street and Number), *325 Clinton St.*

5. Full Name of Mother, *Elise Stein*

6. Mother's Maiden Name, *Wheal*

7. Mother's Birthplace, *Schlitz Hossen Darmstadt*

8. Full Name of Father, *Adam Stein*

9. Father's Occupation, *Labeler*

10. Father's Birthplace, *Schlitz Hossen*

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks,

*Mr. G. Weiss
424 Lancaster St. Canton.*



who shall arrest the failure to comply with the provisions of this section, shall be subject to the fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Printing Co., City Printers and Stationers.

RETURN OF A BIRTH 92015

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2nd*
- Sex (state whether male or female), *Male*
2. Race or Color (if not of the white race), *White*
3. Date of Birth, *February 9th 1887*
4. Place of Birth (Street and Number), *915 S. Bethel Street, BALTIMORE, MD.*
5. Full Name of Mother, *Sarah Schaller*
6. Mother's Maiden Name, *Sarah Mc. Custer*
7. Mother's Birthplace, *Balto. Md.*
8. Full Name of Father, *Christian Schaller*
9. Father's Occupation, *Laborer*
- Father's Birthplace, *Balto. Md.*
- Name of Medical Attendant, or other person who makes this Return, *A. L. Sashie, Jr. M.D.*
- Address, *700 S. Broadway*
- Remarks,

RETURN OF A BIRTH 93016.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th Child
 Sex, (state whether male or female) Boy
 2. Race or Color, (if not of the white race) White
 3. Date of Birth, 9th of February 1887
 4. Place of Birth, (Street and Number) Lombard St. between 2nd and 3rd
 5. Full Name of Mother, Maggie Hoffman
 6. Mother's Maiden Name, Maggie Brill
 7. Mother's Birthplace, Baltimore
 8. Full Name of Father, George Brill
 9. Father's Occupation, Milk Business
 10. Father's Birthplace, Germany
 Name of Medical Attendant, or other Person who makes this Return. Cecilia Kunkel
 Address, 213 North Chapel Street per Justice Kunkel
 Remarks, Healthy

for each offense to be covered as other lines and forfeitures are recoverable.

RETURN OF A BIRTH 92017.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether male or female),

2. Race or Color (if not of the white race),

3. Date of Birth,

4. Place of Birth (Street and Number),

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks,

Male
White
Feb 9 - 1887
921 N. Milford
Marie Kaspar
Hobart
Bohemia
Joseph Kaspar
Shoemaker
Bohemia
Joseph Conrad
1621 Barnes St.
Cty.

For each officer, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 92018.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,



RETURN OF A BIRTH 75019.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 Child Feb 9

1. Sex (state whether male or female), female

2. Race or Color (if not of the white race), white

3. Date of Birth, Feb 9

4. Place of Birth (Street and Number), 136 Montgomery

5. Full Name of Mother, Annie Bell Schofield

6. Mother's Maiden Name, Miss Bullock

7. Mother's Birthplace, Virginia

8. Full Name of Father, Henry Schofield

9. Father's Occupation, fireman

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks,



RETURN OF A BIRTH 73030.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race)

3. Date of Birth,

9 February

4. Place of Birth, (Street and Number)

844 C. Pratt

5. Full Name of Mother,

Annie Hall

6. Mother's Maiden Name,

Warman

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Duckless Hall

9. Father's Occupation,

Labourer

Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return.

Sarah Casper

Address,

72 E. Lombard

Remarks,



RETURN OF A BIRTH *1901.*

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2*

1. Sex, (state whether male or female) *Female*

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,



9 Feb 14 1887
1113 Lombard
Alice Glenn
Glenn
Baltimore
John Glenn
Plumber
Baltimore

Sarah Casper
12 E. Lombard

RETURN OF A BIRTH No 22

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

1st. *Quinn.*

Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth

Girl 11-20

4. Place of Birth, (Street and Number)

near #580. St. Bidale Fore. Coll.

5. Full Name of Mother,

Carrie A. Hayman,

6. Mother's Maiden Name,

" " Buxter.

7. Mother's Birthplace,

Alexandria, Va.

8. Full Name of Father,

Geo Walter Hayman,

9. Father's Occupation,

Black.

Father's Birthplace,

Hamberburg, Penn.

Name of Medical Attendant, or other Person who makes this Return.

Mrs Annie Johnson

Address,

710. Tyson Street

Remarks,

For each office to be recovered as other fines and arrears are recoverable.

RETURN OF A BIRTH 92023.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 11

Sex (state whether male or female), Male

2. Race or Color (if not of the white race),

3. Date of Birth, May 1887

4. Place of Birth (Street and Number), 1016 Grant St.

5. Full Name of Mother, Matilda Clayton

6. Mother's Maiden Name, Sweeney

7. Mother's Birthplace, Philadelphia

8. Full Name of Father, Geo. H. Clayton

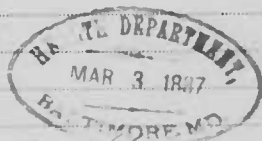
9. Father's Occupation, Laborer

10. Father's Birthplace, Philadelphia

Name of Medical Attendant, or other person who makes this Return, Mary Shinn

Address, 1427 E. Pratt St.

Remarks,



RETURN OF A BIRTH 92024.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st.

Sex, (state whether male or female)

Male.

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Feb 9 - 1887

4. Place of Birth, (Street and Number)

Maternity No. 1122 - 1887 St.

5. Full Name of Mother,

Annie McFarlane

6. Mother's Maiden Name,

Do

7. Mother's Birthplace,

Ireland

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

W. P. Spearman M.D.

Address,

Maternity Dept.

Remarks,

RETURN OF A BIRTH 92025

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Second.

Sex, (state whether male or female)

Female.

2. Race or Color, (if not of the white race)

White.

3. Date of Birth,

Feb. 5th 1877

4. Place of Birth, (Street and Number)

Katonia - 118 & 115 W. Lombard St.

5. Full Name of Mother,

Annie Steiner

6. Mother's Maiden Name,

Do.

7. Mother's Birthplace,

Maryland,

8. Full Name of Father,

9. Father's Occupation,

Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

D. F. O'Brien M.D.

Address,

118 & 115 W. Lombard St.

Remarks,

for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH ⁹²⁰²⁶

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth, February 7th 1887

4. Place of Birth, (Street and Number) 1320 Orleans St.

5. Full Name of Mother, Mary M. Wallings

6. Mother's Maiden Name, " " Hansen

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Joseph W. Wallings

9. Father's Occupation, Typic Pastor

10. Father's Birthplace, Baltimore City

Name of Medical Attendant or other Person who makes this Return, Wm. L. Russell

Address, 800 N Broadway

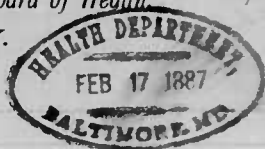
Remarks,



any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offense, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether Male ~~Female~~)

2. Race or Color (if not of the white race)

3. Date of Birth

4. Place of Birth (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

Color
Wednesday February 7 1887
Baltimore MD Greenwillow Court 47
Mary Henrietta Mitchell give Birth to Male
Kent Island Birthplace
Unknown father
Caroline Bell Midwife.

RETURN OF A BIRTH 42028,

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. ☒ Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd Second

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, February 9th 1887

4. Place of Birth, (Street and Number) 541 South Canton Street

5. Full Name of Mother, Alice Matilda Drury

6. Mother's Maiden Name, Alice Matilda Pearson

7. Mother's Birthplace, Alexandria Va

8. Full Name of Father, John Samuel Drury

9. Father's Occupation, Painter

10. Father's Birthplace, Washington D.C.

Name of Medical Attendant, or other Person who makes this Return J. C. Hummer

Address, 1002 N. T. Ave

Remarks,



RETURN OF A BIRTH, 92029.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

7

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

W

3. Date of Birth

Sept 9 87

4. Place of Birth, (Street and Number)

72 Madison St.

5. Full Name of Mother,

Helen Stewart Ridgely

6. Mother's Maiden Name,

Helen Stewart

7. Mother's Birthplace,

Balto

8. Full Name of Father,

John Ridgely

9. Father's Occupation,

Farmer

10. Father's Birthplace,

Balto County

Name of Medical Attendant, or other Person who makes this Return.

F. E. Chataud Jr

Address,

114 Park Ave.

Remarks,

RETURN OF A BIRTH, 92130

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

2^d

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth

Feb'y 9^d 1887

4. Place of Birth, (Street and Number)

135 N Baltimore

5. Full Name of Mother,

Amelia Dittman Codd

6. Mother's Maiden Name,

Amelia Dittman

7. Mother's Birthplace,

Balto

8. Full Name of Father,

John J Codd

9. Father's Occupation,

Salesman

Father's Birthplace,

Balto

Name of Medical Attendant, or other Person who makes this Return.

F. E. Chataud Jr

Address,

114 Park Ave

Remarks,

RETURN OF A BIRTH 92031

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th Child

● Sex (state whether male or female),

2. Race or Color (if not of the white race), White

3. Date of Birth, Febr. the 9. 1887

4. Place of Birth (Street and Number), Elliot St. No. 2702

5. Full Name of Mother, Katharine Crozin

6. Mother's Maiden Name, Katharine Kuppermayer

7. Mother's Birthplace, Balt^o City,

8. Full Name of Father, John Crozin

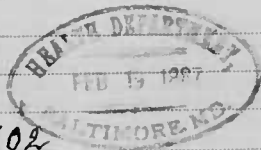
9. Father's Occupation, Tavern Keeper

● Father's Birthplace, Canada. W. G. Smith.

Name of Medical Attendant, or other person who makes this Return, Harry E. Müller

Address, N. Dallas St., No. 114

Remarks,



RETURN OF A BIRTH *9.20.33.*

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st*

1. Sex (state whether male or female), *Female*

2. Race or Color (if not of the white race), *White*

3. Date of Birth, *25 November 1933*

4. Place of Birth (Street and Number), *Libby 9/89*

5. Full Name of Mother, *Ida Williams*

6. Mother's Maiden Name, *Ida Williams*

7. Mother's Birthplace, *Wilmington*

8. Full Name of Father, *John Conely*

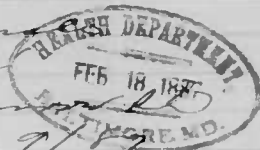
9. Father's Occupation, *Farmer*

10. Father's Birthplace, *Wilmington*

Name of Medical Attendant, or other person who makes this Return, *Lorne Woodland*

Address, *1618 E. 8th*

Remarks,



for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

21133,

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Jan 9, 1887

4. Place of Birth, (Street and Number)

28 S. Calhoun St

5. Full Name of Mother,

Alice Hood

6. Mother's Maiden Name,

Alice Hamington

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

F. J. Hood

9. Father's Occupation,

Telegraph Operator

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return.

D. F. Phillips

Address,

735 W. Lombard St

Remarks,



RETURN OF A BIRTH *920.34,*

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2^d

1. Sex (state whether male or female),

male

2. Race or Color (if not of the white race),

color

3. Date of Birth,

Dec 9 1887

4. Place of Birth (Street and Number),

2088. E. High street

5. Full Name of Mother,

Alice Jones

6. Mother's Maiden Name,

Alice Kiddley

7. Mother's Birthplace,

Prince George Co. Va.

8. Full Name of Father,

Samuel James

9. Father's Occupation,

laborer

10. Father's Birthplace,

Prince George Co. Va.

Name of Medical Attendant, or other person who makes this Return.

Dr. W. Tolence

Address,

434 Hammond st

Remarks,

For each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH ⁹⁻²⁰⁻³⁵

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race)

3. Date of Birth, 9th Feb. 1887

4. Place of Birth, (Street and Number) 534 Port Ave

5. Full Name of Mother, Florence Knight

6. Mother's Maiden Name, Rhoades

7. Mother's Birthplace, Baltimore

8. Full Name of Father, William Thomas Knight

9. Father's Occupation, Barber

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return, Elizabeth Jewell

Address, 516 Port Ave

Remarks,



RETURN OF A BIRTH

920.36.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,



female

white

the 9th February 1887

831 Saratoga St. Corner Rock

Maria Magdalena Francke

Maria Magdalena Kern

Zwingenberg Hessen Darmstadt

Julius August Francke

Liquor Dealer

Mühlhausen in the Prov. Sachsen, Prussia

Mrs. Lumb

50 217 N. Schumacher St.

RETURN OF A BIRTH ^{920.37}

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7

1. Sex (state whether male or female), Female

2. Race or Color (if not of the white race), White

3. Date of Birth, Feb 10th 1887

4. Place of Birth (Street and Number), 412 Asquith

5. Full Name of Mother, Roseanna Stewart

6. Mother's Maiden Name, " Deamuel

7. Mother's Birthplace, Balto MD

8. Full Name of Father, William Stewart

9. Father's Occupation, Printer

10. Father's Birthplace, Balto MD

Name of Medical Attendant, or other person who makes this Return, Mrs R. W. King

Address, 1302 Hollands St

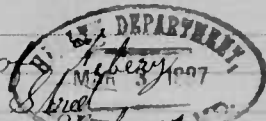
Remarks,



RETURN OF A BIRTH ^{920.38.}

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *First Child*
 1. Sex, (state whether male or female) *Female*
 2. Race or Color, (if not of the white race) *Color*
 3. Date of Birth, *10 Day of February 1907*
 4. Place of Birth, (Street and Number) *510 Paul Street*
 5. Full Name of Mother, *Mary Eliza Thompson*
 6. Mother's Maiden Name, *Baltimore M D*
 7. Mother's Birthplace, *Edward Dearkes*
 8. Full Name of Father, *Edward Dearkes*
 9. Father's Occupation, *Water*
 10. Father's Birthplace, *Baltimore M D*
 Name of Medical Attendant, or other Person who makes this return, *Edw. Dearkes*
 Address, *Old Waver 37 Chemtaly*
 Remarks, *None*



RETURN OF A BIRTH

92039

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Sex, (state whether male or female)

Race or Color, (if not of the white race)

Date of Birth,

Place of Birth, (Street and Number)

Full Name of Mother,

Mother's Maiden Name,

Mother's Birthplace,

Full Name of Father,

Father's Occupation,

1. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,

Third
Male

White

10 Feb. 1887

1521 Montrose St.

Virginia A. Jennings

Hard

Howard Co., Md.

Joshua Jennings

Iron worker

Baltimore

John Hood

1403 N. Fayette St.

True Value



RETURN OF A BIRTH 92040

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

5 Child

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

February 1887

4. Place of Birth, (Street and Number)

1604 Long St

5. Full Name of Mother,

Reabel Mullikin

6. Mother's Maiden Name,

Reabel Townsend

7. Mother's Birthplace,

Illinois

8. Full Name of Father,

Wm Mullikin

9. Father's Occupation,

Quebec City Passenger Railway

10. Father's Birthplace,

Prince Geo. County

Name of Medical Attendant, or other Person who makes this Return.

Mr. H. J. Brown

Address,

1877 E Pratt St

Remarks,



For each offense to be recorded as above, fines will be levied.

RETURN OF A BIRTH 92041.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex (state whether male or female), male

2. Race or Color (if not of the white race), to Baltimore

3. Date of Birth, Feb 2 1897

4. Place of Birth (Street and Number), 227 E. Lexington St

5. Full Name of Mother, Carrie Szydani

6. Mother's Maiden Name, " Kallenbach

7. Mother's Birthplace, Abou Leray

8. Full Name of Father, Edward Szydani

9. Father's Occupation, Patternmaker

10. Father's Birthplace, Abou Leray

Name of Medical Attendant, or other person who makes this Return, J. Burch M.D.

Address, 511 Stanom

Remarks,

RETURN OF A BIRTH *920 42*

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *3*

1. Sex, (state whether male or female) *Female*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *Feb 10 1887*

4. Place of Birth, (Street and Number) *Baltimore City, 6217 East Lexington St*

5. Full Name of Mother, *Bridget Rivers*

6. Mother's Maiden Name, *Bridget Burke*

7. Mother's Birthplace, *County Galway Ireland*

8. Full Name of Father, *Joseph Rivers*

9. Father's Occupation, *Saloon keeper*

10. Father's Birthplace, *County Wexford Ireland*

Name of Medical Attendant, or other Person who makes this Return *Mrs. Wooden*

Address, *142 Greenmount Ave*

Remarks,



RETURN OF A BIRTH 92043.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether male or female),

2. Race or Color (if not of the white race),

3. Date of Birth,

4. Place of Birth (Street and Number),

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

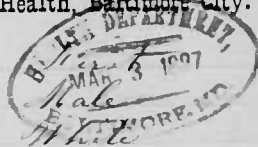
9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks,



February 10 1887

No 148 Woodward Street

Carrie Howard

" Neal

Baltimore

Donald Howard

Sealer

Baltimore

Mrs. G. Seabury

No 235 N. Pratt Street

RETURN OF A BIRTH

92044

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.)

First

WCC

Sex. (state whether male or female)

Female

Race or Color. (if not of the white race)

White

Date of Birth.

January of February

Place of Birth. (Street and Number)

1240 Stakham street

Full Name of Mother.

Annette Allison

Mother's Maiden Name.

Annette Tynnell

Mother's Birthplace.

Prince William County Virginia

Full Name of Father.

Joseph Allison

Father's Occupation.

Brick Layer

Father's Birthplace.

Leesville Loudon County Virginia

Name of Medical Attendant,

or other Person who makes this Return

Catherine Cross

Address,

411 South Poppleton street

Remarks.



RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2nd

930451

Sex, (state whether male or female)

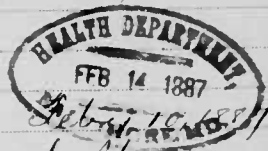
Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

803 Woodward St.



4. Place of Birth, (Street and Number)

803 Woodward St.

5. Full Name of Mother,

Mary Brooks

6. Mother's Maiden Name,

Arnold

7. Mother's Birthplace,

England

8. Full Name of Father,

Charles C. Brooks

9. Father's Occupation,

Clerk

Father's Birthplace,

Newport Ferry, W. Va.

Name of Medical Attendant,

or other Person who makes this Return

Jas. M. Craighill

Address,

1720 N. Charles St.

Remarks,

any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offense, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH *92046*

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *3rd*
1. Sex (state whether male or female), *Male*
2. Race or Color (if not of the white race), *White*
3. Date of Birth, *Feb 10th*
4. Place of Birth (Street and Number), *340 W Pratt St*
5. Full Name of Mother, *Mary E Wentworth*
6. Mother's Maiden Name, *Mary F. Wilson*
7. Mother's Birthplace, *Baltimore*
8. Full Name of Father, *John D Wentworth*
9. Father's Occupation, *Teamster*
10. Father's Birthplace, *Baltimore*
- Name of Medical Attendant, *Hellenyonda Bluffe*
or other person who makes this Return.
- Address, *529 Columbia Ave*
- Remarks,



RETURN OF A BIRTH ⁹³⁰⁴⁷

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

4. Child

Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

White
J. DEPARTMENT
FEB. 11 1887
Baltimore

3. Date of Birth,

geboren Dec 10 1886

4. Place of Birth, (Street and Number)

No 434 Trinitas St

5. Full Name of Mother,

Anne Gröff

6. Mother's Maiden Name,

Anne Hoberger

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Sevan Gröff

9. Father's Occupation,

Scholar

10. Father's Birthplace,

Germania

Name of Medical Attendant, or other Person who makes this Return.

Friederike Kaufmann

Address,

517 S. Dallas Str

Remarks,

Hebammere

RETURN OF A BIRTH ^{92048.}

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) ^{1st}

Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth, ^{10th Feb 1887}

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,



^{522 Port Ave}
^{Virginia. Harrell}

^{Haney}
^{Virginia}
^{James. Harrell}
^{Labaree}

^{Wm}
^{Elizabeth. Zervell}
^{516 Port Ave}

RETURN OF A BIRTH *92049.*

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

3rd

Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

16 Feb

4. Place of Birth, (Street and Number)

49 Valley St.

5. Full Name of Mother,

Lannie Lynch

6. Mother's Maiden Name,

" Mayland

7. Mother's Birthplace,

Balto

8. Full Name of Father,

Bernard Lynch

9. Father's Occupation,

Carpenter

10. Father's Birthplace,

Halifax Nov. Sco.

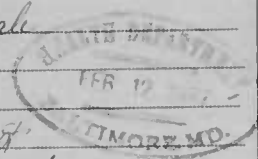
Name of Medical Attendant, or other Person who makes this Return

Mrs. Julia Green

Address,

940 N. Bay St.

Remarks,



RETURN OF A BIRTH ⁹²⁰⁵⁰

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, Feb 11 1881

4. Place of Birth, (Street and Number) 1309 S. Charles

5. Full Name of Mother, Alma M. Mogg

6. Mother's Maiden Name, Ward

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Charles W. Mogg

9. Father's Occupation, Engineer

10. Father's Birthplace, Hayward, Cal.

Name of Medical Attendant, or other Person who makes this Return, Wheeler Cook

Address, 578 Broadway

Remarks,

RETURN OF A BIRTH 72051.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

3rd Child

1. Sex (state whether male or female),

Male

2. Race or Color (if not of the white race),

3. Date of Birth,

9th DEPARTMENT
Feb 10

4. Place of Birth (Street and Number),

1404 William St

5. Full Name of Mother,

Emma Brown

6. Mother's Maiden Name,

Clark

7. Mother's Birthplace,

America

8. Full Name of Father,

John Brown

9. Father's Occupation,

Black

10. Father's Birthplace,

America

Name of Medical Attendant, or other person who makes this Return.

J. Schwaner, M.D.

Address,

1032 Hanover St

Remarks,

RETURN OF A BIRTH 92052

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. Sex (state whether male or female), Female

2. Race or Color (if not of the white race), White

3. Date of Birth, Feb 10 -

4. Place of Birth (Street and Number), 2052 Federal St

5. Full Name of Mother, Mary Feige

6. Mother's Maiden Name, Mary W. W. W.

7. Mother's Birthplace, Baltimore Md

8. Full Name of Father, Augustus Feige

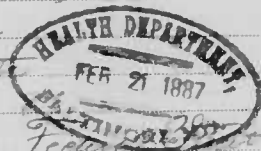
9. Father's Occupation, Book Keeper

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return.

Address, 1600 P. W. W. Street Baltimore Md

Remarks,



RETURN OF A BIRTH 92053

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Jeannette Wilson* 57th

Sex, (state whether male or female) *female*

Race or Color, (if not of the white race) *white*

Date of Birth, *Feb 10*

Place of Birth, (Street and Number) *65 Harford av*

Full Name of Mother, *Ella B Wilson*

Mother's Maiden Name, *Ella B Rose*

Mother's Birthplace, *Balt*

Full Name of Father, *John J Wilson*

Father's Occupation, *Salaman*

Father's Birthplace, *N.Y. City*

Name of Medical Attendant, or other Person who makes this Return, *Daniel V Moya M.D.*

Address, *4-20-50 728 Aug St*

Remarks, *Child name is Annie*



RETURN OF A BIRTH *92054*

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

24

Sex (state whether male or female),

male

2. Race or Color (if not of the white race),

Colored

3. Date of Birth,

Feb 16 1887

4. Place of Birth (Street and Number),

11 Biddle St.

5. Full Name of Mother,

James Hawkins

6. Mother's Maiden Name,

Germa Hays

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

James Hawkins

9. Father's Occupation,

Coachman

10. Father's Birthplace,

Baltimore

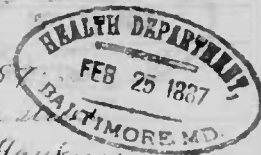
Name of Medical Attendant, or other person who makes this Return.

Hester Holman

Address,

434 W. Monument Street

Remarks,



RETURN OF A BIRTH 92055

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether male or female),

2. Race or Color (if not of the white race),

3. Date of Birth,

4. Place of Birth (Street and Number),

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks,

Fifth
Female
White

Feb

10th 1887

Helen B. Gink



RETURN OF A BIRTH 92056

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether male or female), male

2. Race or Color (if not of the white race), white

3. Date of Birth,

4. Place of Birth (Street and Number), 147 N. South Street

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

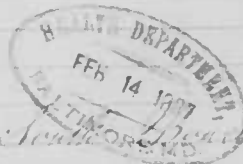
9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks,



GIVEN NAME ADDED 3-2-87

RETURN OF A BIRTH

920.57

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Hilda Kramer
No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st*

● Sex, (state whether male or female) *female*

2. Race or Color, (if not of the white race) *white*

3. Date of Birth, *Feb. 11th 1887*

4. Place of Birth, (Street and Number) *33 Low st*

5. Full Name of Mother, *Sarah Todes*

6. Mother's Maiden Name, *" Bronson*

7. Mother's Birthplace, *New York*

8. Full Name of Father, *Solomon Todes*

9. Father's Occupation, *Merchant*

● Father's Birthplace, *Europe*

Name of Medical Attendant, or other Person who makes this Return *Mrs. C. Bernstein*

Address, *122 S. Dexter st.*

Remarks, *"*



for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 92058

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,



1st

male

white

February 11, 1887

1539 Pennsylvania Co

Catherine J. Walther

Wife

Baltimore City

Andrew Walther

shoemaker

Germany

Marie C. Thielwiler M.D.

725 Mulberry Street

Every birth in the Commonwealth of Maryland, whether of a white or colored child, shall be reported to the Registrar of Vital Statistics, Baltimore City, within ten days of the birth, and for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH ⁹²⁰⁸⁹

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Fourth (4)

Sex, (state whether male or female)

Girl

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Feb. 11th 1887

4. Place of Birth, (Street and Number)

2832 Elliott

5. Full Name of Mother,

Mary Rupka

6. Mother's Maiden Name,

Mary Lebour

7. Mother's Birthplace,

(France)

8. Full Name of Father,

Chas. Rupka

9. Father's Occupation,

Laborer

Father's Birthplace,

Germany

Name of Medical Attendant, or other Person who makes this Return.

Pauline Searsemann

Address,

1220 Hare st.

Remarks,

(None)



In providing a full and correct return, the person making the same is held responsible for the truth and accuracy of the facts furnished, and for each offense to be recovered as other laws and forfeitures are recoverable.

RETURN OF A BIRTH 92060

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st*

Sex, (state whether male or female) *Female*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *Feb 11th 1882*

4. Place of Birth, (Street and Number) *207 St Paul & Ct.*

5. Full Name of Mother, *Grace Marie Fee*

6. Mother's Maiden Name, *Caughy*

7. Mother's Birthplace, *Baltimore*

8. Full Name of Father, *Alfred Carroll Fee.*

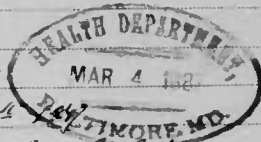
9. Father's Occupation, *Fee Iron Works Co.*

10. Father's Birthplace, *Baltimore.*

Name of Medical Attendant, or other Person who makes this Return, *Alon P Smith,*

Address,

Remarks,



RETURN OF A BIRTH ⁹²⁰⁶¹

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *first child*

Sex, (state whether male or female) *female*

2. Race or Color, (if not of the white race) *Color*

3. Date of Birth, *Feb 11 1887*

4. Place of Birth, (Street and Number) *No 132 Lyman St*

5. Full Name of Mother, *Mrs Lucie Cook*

6. Mother's Maiden Name, *Miss Lucie Smith*

7. Mother's Birthplace, *Brooklyn, N.Y.*

8. Full Name of Father, *William D. Cook*

9. Father's Occupation, *Seal Sdr*

10. Father's Birthplace, *Corn. Ireland angato N. Y.*

Name of Medical Attendant, or other Person who makes this Return, *Leah Cook*

Address, *37 Chestnut Alley*

Remarks,



for each offense to be recovered as other laws and regulations are recoverable.

RETURN OF A BIRTH ⁹²⁰⁶²

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

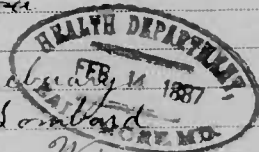
9. Father's Occupation,

Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,



11 February 1887
22 E. Lombard

Ellen Wigen

Barth

Philadelphia

Conrad Wigen

Barber

Philadelphia

Sarah Casper

22 E. Lombard

for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 9263

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *8th Child*
 Sex, (state whether male or female) *Boy*
 2. Race or Color, (if not of the white race) *White*
 3. Date of Birth, *11th of February 1887*
 4. Place of Birth, (Street and Number) *609 North Wolf street.*
 5. Full Name of Mother, *Ellen Murphy*
 6. Mother's Maiden Name, *Ellen Macky*
 7. Mother's Birthplace, *West & Indian Ireland.*
 8. Full Name of Father, *John Macky*
 9. Father's Occupation, *Laborman.*
 10. Father's Birthplace, *Baltimore*
 Name of Medical Attendant, or other Person who makes this Return, *Crescentia Kunkel.*
 Address, *213 North Chapel Street per Justina Kunkel.*
 Remarks, *Healthy.* 11111

RETURN OF A BIRTH 92064

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

● Sex (state whether male or female),

2. Race or Color (if not of the white race),

3. Date of Birth,

4. Place of Birth (Street and Number),

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

● Father's Birthplace,

Name of Medical Attendant. or other person who make this Return.

Address,

Remarks,

6th
female
white
Feb. 2nd, 1887
Baltimore Maryland
Sarah Harrison
Lawson
unmarried 30 old
John Harrison
Laborer
Baltimore
Elizabeth Harrison
light at 1514

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

92065



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Second*
1. Sex, (state whether male or female) *male*
2. Race or Color, (if not of the white race) *white*
3. Date of Birth, *Feb 11th 1887*
4. Place of Birth, (Street and Number) *Cornwall & Hoffman*
5. Full Name of Mother, *Anna F. Cline*
6. Mother's Maiden Name, *Dakman*
7. Mother's Birthplace, *Philadelphia Pa*
8. Full Name of Father, *Arthur B. Cline*
9. Father's Occupation, *Merchant*
10. Father's Birthplace, *Begonia*
- Name of Medical Attendant, *E. M. Lee M.D.*
- Address, *602 N. Carey St*
- Remarks,

RETURN OF A BIRTH

92066

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

NY

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Feb 11 1887

4. Place of Birth, (Street and Number)

114 N Pine City

5. Full Name of Mother,

Henrietta Rhein Goldscheider

6. Mother's Maiden Name,

Henrietta Rhein

7. Mother's Birthplace,

Bats City

8. Full Name of Father,

Hugo Golcheider

9. Father's Occupation,

Merchant

10. Father's Birthplace,

Bavaria Germany

Name of Medical Attendant, or other Person who makes this Return.

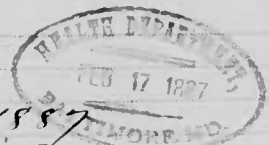
J. E. Clagitt

Address,

36 S. E. 1st St.

Remarks,

Bats City.



RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,



for each offense to be recovered as other laws and regulations are recoverable.

RETURN OF A BIRTH 92068

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether male or female),

2. Race or Color (if not of the white race),

3. Date of Birth,

4. Place of Birth (Street and Number),

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks,



City
Male
Feb 11th
Baltimore Md
Waggon Factory
Magdalena
Bank Street Baltimore
Charles Joseph T. Gury
Building
M. Dange
711 Cross St.

who shall hereafter be required to comply with the provisions of this section shall be subject to the fine of \$100 and to imprisonment for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH *92069*

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Na. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Second

Sex (state whether male or female),

male

2. Race or Color (if not of the white race),

White

3. Date of Birth,

July

4. Place of Birth (Street and Number),

548 Conway St.

5. Full Name of Mather,

Louise Mather

6. Mather's Maiden Name,

Louise Kraemer

7. Mather's Birthplace,

Balto.

8. Full Name of Father,

Frank Mather

9. Father's Occupation,

Clerk M. & C.

10. Father's Birthplace,

Balto.

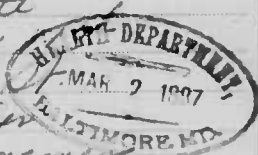
Name of Medical Attendant, or other person who makes this Return.

Miss Shush

Address,

No 500 Seadenhall St.

Remarks,



RETURN OF A BIRTH

92079

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Second

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Feb 11th 1887

4. Place of Birth, (Street and Number)

32 Cumberland St (Westminster)

5. Full Name of Mother,

Anna M. Harris

6. Mother's Maiden Name,

Strogge

7. Mother's Birthplace,

York Co Pa

8. Full Name of Father,

William Harris

9. Father's Occupation,

Artist

10. Father's Birthplace,

York Co Pa.

Name of Medical Attendant, or other Person who makes this Return.

E. M. Lee M.D.

Address,

602 N. Carey St

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *First & 6th*

1. Sex, (state whether male or female) *Female.*

2. Race or Color, (if not of the white race) *Colored.*

3. Date of Birth, *11 Febury 1887*

4. Place of Birth, (Street and Number)

5. Full Name of Mother, *Ellie Hubbard*

6. Mother's Maiden Name,

7. Mother's Birthplace, *Harford, Md.*

8. Full Name of Father, *John Hubbard.*

9. Father's Occupation, *Laboring Man.*

10. Father's Birthplace, *Birmingham*

Name of Medical Attendant, or other Person who makes this Return, *Anna Maria Ward. Wilson*

Address, *912 Peach. ally. Between Henrietta & Hankey*

Remarks,



of persons who shall heretofore fail to comply with the provisions of this section, shall be subjected to the fine of ten (\$10) dollars for each offense to be recovered as other dues and forfeitures are recoverable.

RETURN OF A BIRTH 92072

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City:

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5-1

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, February 11 1887

4. Place of Birth, (Street and Number) No 9036 Hanover St

5. Full Name of Mother, Anna Chickner

6. Mother's Maiden Name, Anna Grund

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Charles Chickner

9. Father's Occupation, Labourer

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return, Catharine Honnery

Address, No 1517 Byrd St

Remarks,



RETURN OF A BIRTH

92073

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd Child

● Sex (state whether ~~male~~ or female),

2. Race or Color (if not of the white race) White

3. Date of Birth, Febr. the 11, 1887

4. Place of Birth (Street and Number), N. Eden St. No. 602

5. Full Name of Mother, Barbara Goetz

6. Mother's Maiden Name, Barbara Berner

7. Mother's Birthplace, Balt. City

8. Full Name of Father, Georg A Goetz

9. Father's Occupation, Shoemaker

● Father's Birthplace, Berneck, R. Prussia, Germany

Name of Medical Attendant, or other person who makes this Return. Mary E. Müller

Address, N. Dallas St. No 114

Remarks,



for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2nd 92074

1. Sex, (state whether male or female)

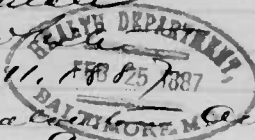
Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Feb'y 11.



4. Place of Birth, (Street and Number)

2145 Calver Ave

5. Full Name of Mother,

Clara Eynes

6. Mother's Maiden Name,

Clara Cook

7. Mother's Birthplace,

Maryland

8. Full Name of Father,

John Eynes

9. Father's Occupation,

Butcher

10. Father's Birthplace,

Maryland

Name of Medical Attendant, or other Person who makes this Return

James T. Booley M.D.

Address,

319 Hollins St

Remarks,

Any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

Missing #92075

CORRECTION

**The preceding document has been re-
photographed to assure legibility and its
image appears immediately hereafter.**

92075
No. of Child of Mother, 2

Color, 111

Feb 1

Birth, 352 Barre St

Age of Mother, Mary Kenny

Maiden Name, Mary Murphy

Birthplace, Baltimore

Name of Father, John Kenny

Occupation, Bookman

Birthplace, Baltimore

Mary Murphy

12 Scott St

who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (\$10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

● Sex (state whether male or female),

2. Race or Color (if not of the white race),

3. Date of Birth,

4. Place of Birth (Street and Number),

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

● 10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks,



RETURN OF A BIRTH 92077

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

● Sex (state whether male or female),

2. Race or Color (if not of the white race),

3. Date of Birth,

4. Place of Birth (Street and Number),

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks,



who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2nd

Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

2. 12. 87.

4. Place of Birth, (Street and Number)

902 W. Lombard St.

5. Full Name of Mother,

Edw. Hunt

6. Mother's Maiden Name,

Simmons

7. Mother's Birthplace,

Baltimore, Md.

8. Full Name of Father,

Benjamin F. Hunt

9. Father's Occupation,

Machinist

Father's Birthplace,

Hanford Co. Md.

Name of Medical Attendant, or other Person who makes this Return.

Lewis M. Eastman

Address,

349 Leret St.

Remarks,



RETURN OF A BIRTH ⁹³⁰⁷⁹

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

● Sex (state whether male or female),

Male.

2. Race or Color (if not of the white race),

3. Date of Birth,

12 February

4. Place of Birth (Street and Number),

208 S. Castle

5. Full Name of Mother,

Barbara Lubess

6. Mother's Maiden Name,

Röhlhorn

7. Mother's Birthplace,

Germany

8. Full Name of Father,

Jacob Lubess

9. Father's Occupation,

Labourer

● Father's Birthplace,

Germany

Name of Medical Attendant, or other person who makes this Return.

Sarah Casper

Address,

72 E. Lombard

Remarks,



Who shall hereunder fail to comply with the provisions of this act, shall be subject to the fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

within the period above required, except in the cases of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offense, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,



3d
F
RWC
Feb. 12. 1887
11 (old no.) Lombard St.,
James Nelson,
Lockport
Virginia,
Jas Nelson,
Seaman,
Virginia
J. L. Crute, M.D.
217 Lombard St.

RETURN OF A BIRTH ^{9 20 81}

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) ^{3d}

Sex, (state whether male or female) ^{Male}

2. Race or Color, (if not of the white race) ^{White}

3. Date of Birth, ^{February 12th}

4. Place of Birth, (Street and Number) ^{No. 1124 Sarsapus St.}

5. Full Name of Mother, ^{Agnes A. Reynolds}

6. Mother's Maiden Name, ^{Boutigan}

7. Mother's Birthplace, ^{Baltimore City}

8. Full Name of Father, ^{William Reynolds}

9. Father's Occupation, ^{Driver}

Father's Birthplace, ^{Baltimore City}

Name of Medical Attendant, ^{Dr. J. S. Archer} or other Person who makes this Return.

Address, ^{1400 Columbia & Fremont Ave.}

Remarks,



RETURN OF A BIRTH 92082

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex (state whether male or female), female

2. Race or Color (if not of the white race),

3. Date of Birth, 12th Feb

4. Place of Birth (Street and Number), 33 Cr

5. Full Name of Mother, Sadie Gennert

6. Mother's Maiden Name, Hoffman

7. Mother's Birthplace, Balt

8. Full Name of Father, Louis Gennert

9. Father's Occupation, glass blower

10. Father's Birthplace, Balt

Name of Medical Attendant, or other person who makes this Return, Dr. W. Heletz

Address,

Remarks,



RETURN OF A BIRTH.

92086

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) ~~1st~~ ~~2d~~ ~~3d~~ 2

1. Sex (state whether Male or Female) female

2. Race or Color (if not of the white race) Color

3. Date of Birth

Feb 12 1

4. Place of Birth (Street and Number).

Bradford alley No 6

5. Full Name of Mother

Katy Bent

6. Mother's Maiden Name

7. Mother's Birthplace

At Mary Conty MD Baltimore

8. Full Name of Father

Jann Baly

9. Father's Occupation

Brick maker

10. Father's Birthplace

At Mary Conty Baltimore MD

Name of Medical Attendant, or other Person who makes this Return.

Miss Dealey Howard

Address

No 1 Dunkin ally Baltimore

Remarks



RETURN OF A BIRTH 92084

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

of ☒ of Mother, (state whether 1st, 2d, 3d, &c.)

☒ (state whether male or female)

Race or Color, (if not of the white race)

Date of Birth,

Place of Birth, (Street and Number)

Full Name of Mother,

Mother's Maiden Name, ...

Mother's Birthplace,

Full Name of Father,

Father's Occupation,

Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,

Sixth (6th)
Male
White
12 Feb. 1887
121 S. Calhoun
Sarah Anne Robertson
32 pp
Chesroll Co. Md.
David W. Robertson
Wood Dealer
Baltimore
John Stood
1403 W. Fayette St.
Find boy

RETURN OF A BIRTH *92085*

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *7*

Sex (state whether male or female),

Female



2. Race or Color (if not of the white race)

3. Date of Birth, *February 12*

4. Place of Birth (Street and Number)

Baltimore. Cross st. 174

5. Full Name of Mother,

Rosa Wade

6. Mother's Maiden Name,

Rosa Stroudman

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Louis Wade

9. Father's Occupation,

Saloon

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other person who makes this Return.

Wm. H. H. H.

Address,

Do see Linden hall st.

Remarks,

Missing # 92086

RETURN OF A BIRTH 93087

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

● Sex (state whether male or female),

2. Race or Color (if not of the white race),

3. Date of Birth,

4. Place of Birth (Street and Number),

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

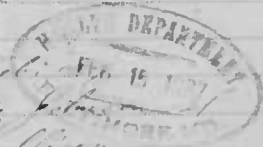
9. Father's Occupation,

● Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks,



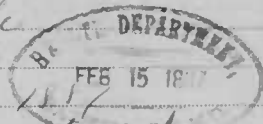
who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

or persons who shall hereafter not comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other laws and ordinances are recoverable.

RETURN OF A BIRTH ⁹²⁰⁸⁸

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th
- Sex, (state whether male or female) male
- Race or Color, (if not of the white race) white
- Date of Birth, Feb. 12 1887
- Place of Birth, (Street and Number) 2536 Canton Ave.
- Full Name of Mother, Kate Hartmann
- Mother's Maiden Name, Kate Miller
- Mother's Birthplace, Balto
- Full Name of Father, George Hartmann
- Father's Occupation, Engineer
- Father's Birthplace, Balto
- Name of Medical Attendant, Mary L. Swaine or other Person who makes this Return.
- Address, 726 Luzerne St.
- Remarks, _____



RETURN OF A BIRTH 72089.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st

Sex (state whether male or female),

Male

2. Race or Color (if not of the white race),

White

3. Date of Birth,

624 N Fremont

4. Place of Birth (Street and Number),

624 N Fremont

5. Full Name of Mother,

Lidia Spieker

6. Mother's Maiden Name,

Lidia Tremeyer

7. Mother's Birthplace,

Baltimore Md

8. Full Name of Father,

Charles Spieker

9. Father's Occupation,

Clergman

Father's Birthplace,

Balt Md

Name of Medical Attendant, or other person who makes this Return.

Mr. Knappe

Address,

143 N Charles

Remarks,

"

for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 72091.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2nd Child*
 1. Sex, (state whether male or female) *Girl*
 2. Race or Color, (if not of the white race) *White*
 3. Date of Birth, *12th of February 1887*
 4. Place of Birth, (Street and Number) *292 East Lombard*
 5. Full Name of Mother, *Mary C. Dobneck*
 6. Mother's Maiden Name, *Mary C. Gier*
 7. Mother's Birthplace, *Baltimore*
 8. Full Name of Father, *Joseph Gier*
 9. Father's Occupation, *Painter*
 10. Father's Birthplace, *Baltimore*
 Name of Medical Attendant, or other Person who makes this Return, *Crescentia Kunkel*
 Address, *213 North Chapel Street per Justina Kunkel*
 Remarks, *Healthy*



for each offense to be recovered as other laws and ordinances are recoverable.

RETURN OF A BIRTH 92092.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

● Sex (state whether male or female),

2. Race or Color (if not of the white race),

3. Date of Birth,

4. Place of Birth (Street and Number),

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

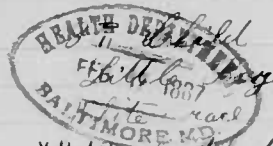
9. Father's Occupation,

● 10. Father's Birthplace.

Name of Medical Attendant. or other person who makes this Return.

Address,

Remarks,



Born XX 12 of Feb 1887

No. 92 Frederick ave

Mrs. L. Weir

Louisa Weir

Born Baltimore

Mr. Jacob Weir

Laborer

Born Bayen Germany

Mrs. Thiller

Old No 1011 west Pratt St

RETURN OF A BIRTH ⁹²⁰⁹³

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

3rd

Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Feb 12th 1887

4. Place of Birth, (Street and Number)

708 W. Hamilton St

5. Full Name of Mother,

Rosena Shailow

6. Mother's Maiden Name,

Gauer

7. Mother's Birthplace,

Balto

8. Full Name of Father,

Augustus E. Shailow

9. Father's Occupation,

Wood Worker

Father's Birthplace,

Balto

Name of Medical Attendant, or other Person who makes this Return.

R. C. Lir

Address,

Harmon St

Remarks,

" "

GIVEN NAME ADDED 4-4-53

RETURN OF A BIRTH 92094

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Minnie Elizabeth Booker

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *5th*

Sex, (state whether male or female) *Female*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *Feb - 12th 1887*

4. Place of Birth, (Street and Number) *Bartlett street No 10*

5. Full Name of Mother, *Kattie Booker*

6. Mother's Maiden Name, *Kattie Meyers*

7. Mother's Birthplace, *Lancaster Pa.*

8. Full Name of Father, *John A. Booker*

9. Father's Occupation, *Street Paver*

10. Father's Birthplace, *Balto. City*

Name of Medical Attendant, or other Person who makes this Return *Susan Shuster*

Address, *21223 N. Bayreuther St*

Remarks,

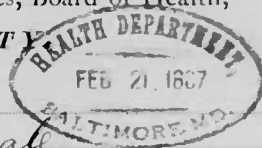


RETURN OF A BIRTH.

92095

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether Male or Female)

Male Male

2. Race or Color (if not of the white race)

Colored Colored

3. Date of Birth

12th of Feb

4. Place of Birth (Street and Number)

1025 South Howard St

5. Full Name of Mother

Jullie Banister

6. Mother's Maiden Name

Chase

7. Mother's Birthplace

Calvert County

8. Full Name of Father

Benjamin Banister

9. Father's Occupation

Sailor

10. Father's Birthplace

Calvert County

Name of Medical Attendant, or other Person who makes this return

Catherine Jones

Address

507 Cross St

Remarks

X

RETURN OF A BIRTH 92096.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

5th Born

Sex (state whether male or female),

Male

2. Race or Color (if not of the white race),

White

3. Date of Birth,

Feb 12, 1887

4. Place of Birth (Street and Number),

239 Canton Ave

5. Full Name of Mother,

Fabie Willemanus

6. Mother's Maiden Name,

Fabie Königsberg

7. Mother's Birthplace,

Russia

8. Full Name of Father,

Jacob Willemanus

9. Father's Occupation,

Storekeeper

Father's Birthplace,

Russia

Name of Medical Attendant, or other person who makes this Return.

E. Scherman

Address,

Altamare St. N.B.

Remarks,

For each offence, to be recovered in other fines and forfeitures are recoverable.

RETURN OF A BIRTH 75097.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

5th

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

FEB 12. 1889

4. Place of Birth, (Street and Number)

259 W Lombard St

5. Full Name of Mother,

Hennie Heineman

6. Mother's Maiden Name,

Hennie Sonneborn

7. Mother's Birthplace,

Maryland

8. Full Name of Father,

Samuel Heineman

9. Father's Occupation,

Cigar Manufacturer

10. Father's Birthplace,

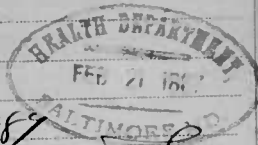
Germany

Name of Medical Attendant, or other Person who makes this Return.

A. B. Middleton

Address,

Remarks,



or persons who shall be recovered as other signs and forfeitures are recoverable, for each offense to be recovered as other signs and forfeitures are recoverable.

RETURN OF A BIRTH 42098.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

● Sex (state whether male or female),

2. Race or Color (if not of the white race),

3. Date of Birth,

4. Place of Birth (Street and Number),

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

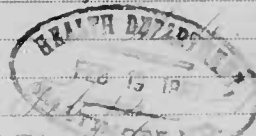
9. Father's Occupation,

● Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks,



42098
1524 Johnson St.
Mrs. Mary Ann
Hollman
America
Olla Mary Ann
Laborer
America

Laborer - Baltimore
1032 Chenoweth St.

for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 93099.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

● Sex (state whether male or female),

2. Race or Color (if not of the white race),

3. Date of Birth,

4. Place of Birth (Street and Number),

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

● Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks,



33

Unia. Turner

Hoffmann

America

Louis Turner

Barber

America

J. Schwaeser, M.D.

1032 Hanover St.

for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 92101.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1. on*

Sex (state whether male or female), *male*

2. Race or Color (if not of the white race), *Colored*

3. Date of Birth, *Feb. 12th*

4. Place of Birth (Street and Number), *449 Little Maryland*

5. Full Name of Mother, *Rachel Carroll*

6. Mother's Maiden Name, *Carter*

7. Mother's Birthplace, *Fredericksburg Virginia*

8. Full Name of Father, *William Carroll*

9. Father's Occupation, *Walter*

10. Father's Birthplace, *Stearns County*

Name of Medical Attendant, or other person who makes this Return, *Charles J. Johnson*

Address, *2110 Tyson Street*

Remarks,



for each office, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 92102.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

or 5th

Sex (state whether male or female),

male

2. Race or Color (if not of the white race),

Caucasian

3. Date of Birth,

Feb 12

4. Place of Birth (Street and Number),

11 S. L. St

5. Full Name of Mother,

Betsy Neal

6. Mother's Maiden Name,

Young

7. Mother's Birthplace,

Virginia

8. Full Name of Father,

Robert Neal

9. Father's Occupation,

Labour

10. Father's Birthplace,

Campbell Virginia

Name of Medical Attendant, or other person who makes this Return.

Mrs Annie Johnson

Address,

New 710 Tyson Street

Remarks,



For each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH *92103*

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *first child*

● Sex (state whether male or female), *Male*

2. Race or Color (if not of the white race), *Caucasian*

3. Date of Birth, *Feb 12*

4. Place of Birth (Street and Number), *Tyson Street*

5. Full Name of Mother, *Mary Alice Spinnard*

6. Mother's Maiden Name, *Mary Alice Banks*

7. Mother's Birthplace, *Virginia*

8. Full Name of Father, *Charles Henry Spinnard*

9. Father's Occupation, *Writer*

10. Father's Birthplace, *Virginia*

Name of Medical Attendant, or other person who makes this Return. *Mrs Anna Johnston*

Address, *710 Tyson Street*

Remarks,



For each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH ^{42104.}

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

8th Child

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth

FEB 2 1887

4. Place of Birth, (Street and Number)

1024 Hillman St

5. Full Name of Mother

M. S. Streckfus

6. Mother's Maiden Name

M. S. Merritt

7. Mother's Birthplace

Baltimore

8. Full Name of Father

John. Streckfus

9. Father's Occupation

Fish Dealer

10. Father's Birthplace

Baltimore

Name of Medical Attendant, or other Person who makes this Return

H. B. Noble, M.D.

Address

301 Warren av

Remarks

RETURN OF A BIRTH

72108

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother. (state whether 1st, 2d, 3d, &c.) 3d child
1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) white
3. Date of Birth 13 February 1887
4. Place of Birth, (Street and Number) 11 Pratt St. 639
5. Full Name of Mother, Margarette Elizabeth Twetter
6. Mother's Maiden Name, M. E. Thiel
7. Mother's Birthplace, Empershaufen, Prussia
8. Full Name of Father, H. Oswald Twetter
9. Father's Occupation, Tailor
10. Father's Birthplace, Thalheim, Prussia
- Name of Medical Attendant, or other Person who makes this Return, A. T. Deenhard
- Address, 720 N Howard Street
- Remarks,

RETURN OF A BIRTH 72106.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Sex, (state whether male or female).

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,

3rd

Male

W.

Dec. 16

38 City

Ely. R. Coff

" " Flaherty

B. C.

John J. Coff

Merchant

B. C.

J. L. Miller
72106

RETURN OF A BIRTH ⁹²¹⁰⁷

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9th

1. Sex, (state whether male or female) male

2. Race or Color, (if not of the white race) white

3. Date of Birth, Feb 13th

4. Place of Birth, (Street and Number) No 112 East

5. Full Name of Mother, Kate Durrin

6. Mother's Maiden Name, Kate Carson

7. Mother's Birthplace, Baltimore city md

8. Full Name of Father, John Durrin

9. Father's Occupation, city Labourer

10. Father's Birthplace, Baltimore city md

Name of Medical Attendant, or other Person who makes this Return, E. Hinton

Address, No 1137 N. Charles st

Remarks, _____



RETURN OF A BIRTH 93108.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: *Wilbur B. Hoddinott* 3rd
 No. of Child of Mother (state whether 1st, 2d, 3d, &c.) _____
 Sex, (state whether male or female) *Male*
 2. Race or Color, (if not of the white race) *white*
 3. Date of Birth *Feb. 13 - 1887*
 4. Place of Birth, (Street and Number) *127*
 5. Full Name of Mother, *Mrs. J. Hoddinott*
 6. Mother's Maiden Name, *Bell*
 7. Mother's Birthplace, *Baltimore*
 8. Full Name of Father, *James A. Hoddinott*
 9. Father's Occupation, *Bookkeeper*
 10. Father's Birthplace, *Baltimore*
 Name of Medical Attendant, or other Person who makes this Return. *D. Smith (M.D.)*
 Address, *403 N. E. St.*
 Remarks, _____



any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offense, to be recovered in any court of competent jurisdiction.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

3

1. Sex, (state whether male or female)

female

2. Race or Color, (if not of the white race)

3. Date of Birth,

Feb 15th 1887

4. Place of Birth, (Street and Number)

11 D. St. can St. al. 923

5. Full Name of Mother,

Mary Ann Brooks

6. Mother's Maiden Name,

Mary Murray

7. Mother's Birthplace,

City

8. Full Name of Father,

Bradley Brooks

9. Father's Occupation,

Oyster Merchant

10. Father's Birthplace,

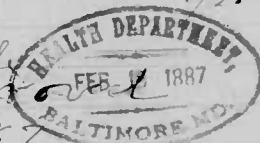
City

Name of Medical Attendant, or other Person who makes this Return

Address,

4210 N. ...

Remarks,



RETURN OF A BIRTH 92110

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex (state whether male or female), Female

2. Race or Color (if not of the white race), White

3. Date of Birth, Feb 13 1887

4. Place of Birth (Street and Number), 1014 Bow St

5. Full Name of Mother, Agnes Sorgler

6. Mother's Maiden Name, Lehman

7. Mother's Birthplace, Baltic Md

8. Full Name of Father, John Sorgler

9. Father's Occupation, Cigar maker

10. Father's Birthplace, Baltic Md

Name of Medical Attendant, Mrs R. Volberg
or other person who makes this Return.

Address, 1302 Holland St

Remarks,



RETURN OF A BIRTH *95111*

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2^d Child*
 Sex (state whether male or female), *Male*
 2. Race or Color (if not of the white race),
 3. Date of Birth, *Feb. 13th 1887*
 4. Place of Birth (Street and Number), *No. 1409 W. Pratt St.*
 5. Full Name of Mother, *Maryann Heil*
 6. Mother's Maiden Name, *" Feustel*
 7. Mother's Birthplace, *Baltimore*
 8. Full Name of Father, *Philip Heil*
 9. Father's Occupation, *Laborer*
 10. Father's Birthplace, *Schlichten Hessen.*
 Name of Medical Attendant, or other person who makes this Return. *Annie Lindner*
 Address, *No. 1008 S. Howard St.*
 Remarks,

For each offense, to be recovered as other fines and forfeitures are recoverable.

GIVEN NAME ADDED 4-13-38
RETURN OF A BIRTH 93112

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Agnes Irene Arnold 1st
 No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether male or female),
2. Race or Color (if not of the white race),
3. Date of Birth,
4. Place of Birth (Street and Number),
5. Full Name of Mother,
6. Mother's Maiden Name,
7. Mother's Birthplace,
8. Full Name of Father,
9. Father's Occupation,
10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks,

Female
White
February 13th 1887
1019 S. Charles St
Willie Arnold
" State
City
Benj Arnold
brickmaker
City
J. Burch M.D.
511 Hanover St



RETURN OF A BIRTH. 92113

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2/11/13

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth Aug. 13. 1887

4. Place of Birth, (Street and Number) 318 Adams St. Boston

5. Full Name of Mother, Mary E. Spear

6. Mother's Maiden Name, Jewell

7. Mother's Birthplace, Wash. Md.

8. Full Name of Father, Kendrick Spear

9. Father's Occupation, Sea Captain

Father's Birthplace, Rockland, Maine

Name of Medical Attendant, or other Person who makes this Return. J. N. Hartman M.D.

Address, 1121 St. Caroline St.

Remarks,



RETURN OF A BIRTH 92114.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

6

Sex (state whether male or female),

Female

2. Race or Color (if not of the white race),

White

3. Date of Birth,

Feb 15 1887

4. Place of Birth (Street and Number),

110 W. Elizabeth Lane

5. Full Name of Mother,

Estlin Meyers

6. Mother's Maiden Name,

Katie Zbinden

7. Mother's Birthplace,

Prussia

8. Full Name of Father,

Henry Meyers

9. Father's Occupation,

Wagoner

Father's Birthplace,

Prussia

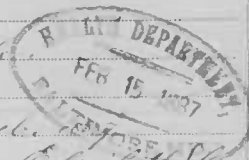
Name of Medical Attendant, or other person who makes this Return.

Salina Quinlan

Address,

110 W. Elizabeth Lane

Remarks,



For each officer, to be recovered in other time and forfeiture are recoverable.

RETURN OF A BIRTH 921151

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

Sex (state whether male or female), Male

2. Race or Color (if not of the white race), White

3. Date of Birth, 13th Dec 1897

4. Place of Birth (Street and Number), 370 North Ave

5. Full Name of Mother, Regina Besche

6. Mother's Maiden Name, Regina Hammer

7. Mother's Birthplace, Germany

8. Full Name of Father, Joseph Besche

9. Father's Occupation, up Polster

Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Fabian Wisniewski

Address, 127 West St

Remarks,

for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 92116

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

The 1 Child

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

3. Date of Birth,

The 13 of February

FEB. 15 1887

4. Place of Birth, (Street and Number)

No. 937

5. Full Name of Mother,

Louise Thirk

6. Mother's Maiden Name,

Louise Mitchell

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Frank Thirk

9. Father's Occupation,

Bilder

10. Father's Birthplace,

Germany

Name of Medical Attendant, or other Person who makes this Return.

Mrs. C. Lauer

Address,

No. 1059 Hazard St.

Remarks,

Bal Md

1887

RETURN OF A BIRTH 92117.

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.)

Sex (state whether male or female)

Female

Race or Color, (if not of the white race)

Black

Date of Birth,

FEB 13, 1887

Place of Birth, (Street and Number)

#1003 Woodleaf St

Full Name of Mother,

Maffie Willies

Mother's Maiden Name,

Mother's Birthplace,

Northampton Co. Va

Full Name of Father,

John Washington

Father's Occupation,

Cook

Father's Birthplace,

Richmond, Va

Name of Medical Attendant, or other Person who makes this Return

John B. Huck

Address,

2055 Ave Townsend St

Remarks,



RETURN OF A BIRTH 42118

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)...

3d.

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race) .

White

3. Date of Birth,

Feb 13/87

4. Place of Birth, (Street and Number)

1516 N. St.

5. Full Name of Mother,...

Sarah E. Adams.

6. Mother's Maiden Name,

" " Harmer.

7. Mother's Birthplace,

Pennsylvania

8. Full Name of Father,

Arthur E. Adams.

9. Father's Occupation,

Manager

10. Father's Birthplace,

Pennsylvania

Name of Medical Attendant, ~~ARTHUR~~

Miss Miller M.D.

Address,

1207 East Monument St.

Remarks,



RETURN OF A BIRTH 93119

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st

Sex, (state whether male or female)

Female

FEB 20 1910

Race or Color, (if not of the white race)

White

Date of Birth,

February 13 - 1910

Place of Birth, (Street and Number)

1311 Orleans St.

Full Name of Mother,

Maggie A. Tokur

Mother's Maiden Name,

Maggie A. Bryles

Mother's Birthplace,

Maryland

Full Name of Father,

Joseph A. Tokur

Father's Occupation,

Painter

Father's Birthplace,

Maryland

Name of Medical Attendant, or other Person who makes this Return

Frank E. Morris M.D.

Address,

4 So. Eakin St.

Remarks,

RETURN OF A BIRTH.

92120

To the Office of Registrar of Vital Statistics, Board of Health.

Baltimore Feb
18 1887

BALTIMORE CITY.

1. of Child of Mother (state whether 1st, 2d, 3d, &c) *third child*

1. Sex (state whether Male or Female) *Baltimore 1st child*

2. Race or Color (if not of the white race) *clard not of the white race*

3. Date of Birth *Born Sunday morning 13*

4. Place of Birth (Street and Number) *Born Chesnut st no 35*

5. Full Name of Mother *E. M. Mer Cooper*

6. Mother's Maiden Name *E. M. Mer Denny*

7. Mother's Birthplace *Princess county Maryland*

8. Full Name of Father *John H. Cooper*

9. Father's Occupation *Stone Lave*

10. Father's Birthplace *Princess county*

Name of Medical Attendant, or other Person who makes this Return. *Chas. D. Kelly Thomas*

Address *134 Chesnut St*

Remarks

RETURN OF A BIRTH *92131*

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

5th Child

1. Sex (state whether male or female),

2. Race or Color (if not of the white race),

3. Date of Birth,

4. Place of Birth (Street and Number),

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

11. Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks,



Baltimore
Friedricha Heck
Schlesinger
America
Charles Heck
Butcher
Germany

J. Schreiner, M.D.
1032 Hanover St.

Not each column, so the Registrar is sure that the entries are correct.

RETURN OF A BIRTH 921221

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. Sex (state whether male or female), Male

2. Race or Color (if not of the white race), White

3. Date of Birth, Feb 13th 1887

4. Place of Birth (Street and Number), 227 W. E. Street

5. Full Name of Mother, Emma Houston

6. Mother's Maiden Name, "Cushman

7. Mother's Birthplace, Balt. Md

8. Full Name of Father, Harry Houston

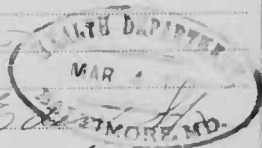
9. Father's Occupation, Capper

10. Father's Birthplace, Balt. Md

Name of Medical Attendant, or other person who makes this Return. Mrs. R. Volney

Address, 302 Halland St.

Remarks, 11



RETURN OF A BIRTH.

93123.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether male or female)

2. Race or Color (if not of the white race)

3. Date of Birth

4. Place of Birth (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

from
18th of Feb.
No 2225 Griffin Court
Annie V. Grady
Lillian
Kathleen Grady
John Grady
Shaw
Robert Grady

Mrs. Annie V. Grady
No 37 Madison Alley

RETURN OF A BIRTH 92124.

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

First child

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

February 13th 1887

4. Place of Birth, (Street and Number)

942 Milton place (Bogert)

5. Full Name of Mother,

Catharine B. Marker Roxborough

6. Mother's Maiden Name,

Catharine B. Marker

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

William A. Roxborough

9. Father's Occupation,

Saddler & Harness maker

10. Father's Birthplace,

Camden N. J.

Name of Medical Attendant, or other Person who makes this Return

Robert W. Mafflin M.D.

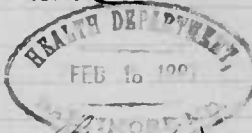
Address,

425 Saratoga st

Remarks,

Ordinary birth latm

Wm



RETURN OF A BIRTH 92125

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

1. of Child of Mother. (state whether 1st, 2d, 3d, &c.)

Sex. (state whether male or female)

Race or Color. (if not of the white race)

Date of Birth.

Place of Birth, (Street and Number)

Full Name of Mother.

Mother's Maiden Name.

Mother's Birthplace.

Full Name of Father.

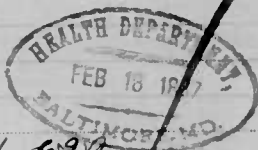
Father's Occupation.

2. Father's Birthplace.

Name of Medical Attendant, or other Person who makes this Return

Address.

Remarks.



2nd
Male
White
Feb 13th
Parkin St 439
Maggie ~~Dieterich~~ Dieterich
" Regina
Germany
Kensick Dieterich
Laborer
Germany
Mrs Mary Harrison
18412 Scott St

RETURN OF A BIRTH

72.126

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

4th

Sex, (state whether male or female)

Female

Race or Color, (if not of the white race)

White

Date of Birth,

Feb. 13

Place of Birth, (Street and Number)

20 St.

Full Name of Mother,

Annie ~~Shuebrag~~ Shuebrag

Mother's Maiden Name,

Annie Zissmer

Mother's Birthplace,

Russia

Full Name of Father,

Frank ~~Shuebrag~~ Shuebrag

Father's Occupation,

Sailor

Father's Birthplace,

Russia

Name of Medical Attendant, or other Person who makes this Return

Frank Henry - M.D.

Address.

4 Fr. E. Ave.

Remarks,

RETURN OF A BIRTH ⁹²¹²⁷

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.)

Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth.

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

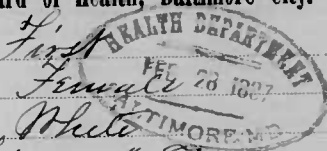
9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,



First
Female
White
Feb. 28 '97
123 Barr St
Belle Byrd
Belle Smith
Baltimore
Milton J. Byrd
Clerk
Virginia
M F Phillips
735 W Lombard St

for each offence to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH 92/28.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Second

Sex (state whether male or female),

Male

2. Race or Color (if not of the white race),

White

3. Date of Birth,...

February 19th 1887

4. Place of Birth (Street and Number),

803 W Ann St

5. Full Name of Mother,

Jennie Trotton

6. Mother's Maiden Name,

Gatechair

7. Mother's Birthplace,

Brooklyn N.Y.

8. Full Name of Father,

James T. Trotton

9. Father's Occupation,

Clerk

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other person who makes this Return.

W. S. Seldner M.D.

Address,

St Cor Caroline & Eager Sts

Remarks,

For each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 92129.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) male

2. Race or Color, (if not of the white race) white

3. Date of Birth, Feb. 14 1874

4. Place of Birth, (Street and Number) 1508 Pennsylvania St.

5. Full Name of Mother, Katie Brosnan

6. Mother's Maiden Name, Katie Bente

7. Mother's Birthplace, Baltimore Mo

8. Full Name of Father, John Brosnan

9. Father's Occupation, Engineer

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return Mrs. A. Muenzehl

Address, 509 Mosher St

Remarks, Early birth & convulsions. lived half hour.

RETURN OF A BIRTH ⁹²¹³⁰

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st
Sex, (state whether male or female) Female
Race or Color, (if not of the white race) _____
Date of Birth, Feb 17
Place of Birth, (Street and Number) Guilford St. Md.
Full Name of Mother, Nora Harris
Mother's Maiden Name, Raines
Mother's Birthplace, Portfolk Va
Full Name of Father, Benj. G. Harris Jr
Father's Occupation, Merchant
Father's Birthplace, Balt.
Name of Medical Attendant, or other Person who makes this Return, J. H. Wilson
Address, 1008 Mad. Ave.
Remarks, _____



RETURN OF A BIRTH. 93131.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 5th Child.
1. Sex, (state whether male or female) Male.
2. Race or Color, (if not of the white race) White
3. Date of Birth Feb. 14th 1887.
4. Place of Birth, (Street and Number) No. 9. S. Edgew St. Baltimore
5. Full Name of Mother, Hannorah Deal.
6. Mother's Maiden Name, Burke.
7. Mother's Birthplace, Virginia
8. Full Name of Father, George W. Deal.
9. Father's Occupation, Fruit Dealer.
10. Father's Birthplace, Baltimore.
Name of Medical Attendant, or other Person who makes this Return. Ann Kormanow.
Address, No. 13. S. Edgew St.
Remarks,

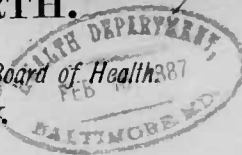


RETURN OF A BIRTH.

92132.

To the Office of Registrar of Vital Statistics, Board of Health

BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

Four

1. Sex (state whether Male or Female)

Female

2. Race or Color (if not of the white race)

Colored

3. Date of Birth

1st 1907

4. Place of Birth (Street and Number)

406 E. Lexington St. East

5. Full Name of Mother

Rose Bagon

6. Mother's Maiden Name

Rose Ford

7. Mother's Birthplace

Baltimore

8. Full Name of Father

John Bagon

Father's Occupation

Laborer

10. Father's Birthplace

Baltimore Md

Name of Medical Attendant, or other Person who makes this Return.

Address.

Wm H H Smith 1510 - 700 Maryland

Remarks

RETURN OF A BIRTH

92133.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2nd

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

July 14th 87

4. Place of Birth, (Street and Number)

13 Randall St

5. Full Name of Mother,

Margaret Swern

6. Mother's Maiden Name,

Margaret Brandenburg

7. Mother's Birthplace,

Haward co Md

8. Full Name of Father,

John Swern

9. Father's Occupation,

Conductor -

10. Father's Birthplace,

Haward co

Name of Medical Attendant, or other Person who makes this Return.

W. F. Phillips

Address,

735 M Lombard

Remarks,

Report the birth to the Registrar of Vital Statistics, Baltimore City, or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 95134.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

8 ~~Child~~



● Sex (state whether male or female)

2. Race or Color (if not of the white race),

White

3. Date of Birth,

February the 14, 1887

4. Place of Birth (Street and Number),

E. Jersey St. No 2004.

5. Full Name of Mother,

Elisabetha Wertz

6. Mother's Maiden Name,

Elisabetha Beck

7. Mother's Birthplace,

Balt^e City

8. Full Name of Father,

Georg Wertz

9. Father's Occupation,

Hostler

● Father's Birthplace,

Balt^e City

Name of Medical Attendant,

or other person who makes the Return.

Mary E. Miller

Address,

No Dallas St. No 114

Remarks,

who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH, 92130. over

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

Name: William Robert Jeffries

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6110

1. Sex (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth

Feb 14 1887

4. Place of Birth, (Street and Number)

1824 Boyd St

5. Full Name of Mother

Ann Mary Jeffries

6. Mother's Maiden Name

Ronaldson

7. Mother's Birthplace

Baltimore Md

8. Full Name of Father

James Edward Jeffries

9. Father's Occupation

Clerk

10. Father's Birthplace

Washington Dc

Name of Medical Attendant, or other Person who makes this return

Elizabeth Ronaldson

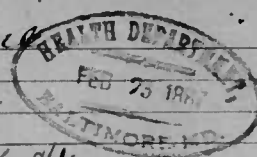
Address

1824 Boyd St

Remarks

Mother & Child very well

As Care by Effort



Missing # 92136

RETURN OF A BIRTH, 92139

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fifth
1. Sex (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth Febr 14th 1887
4. Place of Birth, (Street and Number) 26. Henriette Street
5. Full Name of Mother Laura Shaffer
6. Mother's Maiden Name Laura Rook
7. Mother's Birthplace Balt
8. Full Name of Father John Shaffer
9. Father's Occupation Labourer
10. Father's Birthplace Balt
- Name of Medical Attendant, or other Person who makes this return. Mrs Sarah C. Carty
- Address 26 Henriette Street
- Remarks

RETURN OF A BIRTH ⁷⁵¹³⁸

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Second

Sex (state whether male or female),

Female

2. Race or Color (if not of the white race),

3. Date of Birth,

Feb. 11

4. Place of Birth (Street and Number),

No 916 E. Eager

5. Full Name of Mother,

Ellen M. Lloyd

6. Mother's Maiden Name,

Kryfield

7. Mother's Birthplace,

Balto

8. Full Name of Father,

Wm. C. Lloyd

9. Father's Occupation,

Cann maker

10. Father's Birthplace,

Phila

Name of Medical Attendant, or other person who makes this Return.

Mrs Mary O'Connell

Address,

712 M. Donogh St

Remarks,



For each child born in Baltimore, a record is made of the birth and the parents are registered.

RETURN OF A BIRTH

93139

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

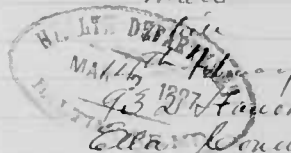
No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st

Sex (state whether male or female),

Male

2. Race or Color (if not of the white race),



3. Date of Birth,

4. Place of Birth (Street and Number),

93139 Hancock St

5. Full Name of Mother,

Ellen Conway

6. Mother's Maiden Name,

Keating

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Wm J Conway

9. Father's Occupation,

Policeman

10. Father's Birthplace,

Ireland

Name of Medical Attendant, or other person who makes this Return.

J. C. Duffin M.D.

Address,

511 Hancock St

Remarks,

RETURN OF A BIRTH

SIVEN NAME ADDED

92140

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

Name: Bernard Furley Singewald
 No. of Child of Mother, (state whether 1st, 2d, 3d, etc.) First
 Sex, (state whether male or female) Male
 Race or Color, (if not of the white race) White
 Date of Birth, 14 Feb. 1887
 Place of Birth, (Street and Number) 1428 W. Balt. St.
 Full Name of Mother, Furley
 Mother's Maiden Name, Julia C. Singewald
 Mother's Birthplace, Washington Co. Md.
 Full Name of Father, John Singewald
 Father's Occupation, Hatter
 Father's Birthplace, Baltimore
 Name of Medical Attendant, or other Person who makes this Return, John Hood
 Address, 1423 W. Fayette St.
 Remarks, First boy



RETURN OF A BIRTH 93141.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1.

Sex, (state whether male or female) female

2. Race or Color, (if not of the white race) white

3. Date of Birth, 14 Day of February

4. Place of Birth, (Street and Number) 114 New E. 83 St. Henrietta St.

5. Full Name of Mother, Augusto Marie Schmidt

6. Mother's Maiden Name, Preiling

7. Mother's Birthplace, Germany

8. Full Name of Father, Charles Schmidt

9. Father's Occupation, Barber

10. Father's Birthplace, Germany

Name of Medical Attendant, or other Person who makes this Return.

Address, Augusto Pofien

Remarks, 927 South Liberty St.

For each offense to be recovered as other laws and regulations are provided.

RETURN OF A BIRTH 95142.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

3rd.

Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Feb 14

4. Place of Birth, (Street and Number)

10 15 Liberty

5. Full Name of Mother,

Catherine.

6. Mother's Maiden Name,

Heaphy

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Martin Sullivan.

9. Father's Occupation,

Restaurant Keeper

10. Father's Birthplace,

Ireland

Name of Medical Attendant, or other Person who makes this Return.

Alon P. Smith.

Address,

24 Franklin St.

Remarks,



RETURN OF A BIRTH ⁹³¹⁴³

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *5th*

Sex, (state whether male or female) *Male*

Race or Color, (if not of the white race) *White*

Date of Birth, *February 14, 1887*

Place of Birth, (Street and Number) *109 Osmond St.*

Full Name of Mother, *Mary C. Harrison*

Mother's Maiden Name, *Jones*

Mother's Birthplace, *Ind.*

Full Name of Father, *Robert W. Harrison*

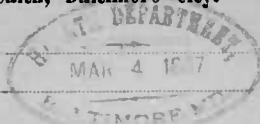
Father's Occupation, *Pattern-maker*

Father's Birthplace, *Ind.*

Name of Medical Attendant, or other Person who makes this Return. *Robert S. Rasmussen*

Address, *1019 Light St.*

Remarks,



RETURN OF A BIRTH 92144

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd
- Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Negro
3. Date of Birth, Feb. 12-87
4. Place of Birth, (Street and Number) Maternity 10-15 N. Lombard St.
5. Full Name of Mother, Laura Thompson
6. Mother's Maiden Name, Lee
7. Mother's Birthplace, Maryland
8. Full Name of Father, _____
9. Father's Occupation, _____
10. Father's Birthplace, _____
- Name of Medical Attendant, or other Person who makes this Return. W. S. Crutcher M.D.
- Address, 112-73 N. Lombard St.
- Remarks, _____

RETURN OF A BIRTH 92145

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,

23
Male
White
14 Feb 1888
1111 W. Lombard
Friley
Galant
P. Friley
Producer Dealer
Galant
Dr. F. McWilliam
707 W. Lombard

DEPARTMENT
MAR 4-1888
BALTIMORE

RETURN OF A BIRTH ⁹²¹⁴⁶

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, February 17 1887

4. Place of Birth, (Street and Number) corner St 1000

5. Full Name of Mother, Ella Brown

6. Mother's Maiden Name, Ella Manning

7. Mother's Birthplace, Baltimore

8. Full Name of Father, George Simpson

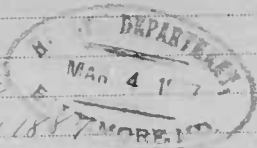
9. Father's Occupation, carriage

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return. Wm. V. Mitchell

Address, South Street 1125

Remarks, _____



for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 92149.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 *mid*

Sex, (state whether male or female) male

2. Race or Color, (if not of the white race) white

3. Date of Birth, 14 February

4. Place of Birth, (Street and Number) Cheese Street

5. Full Name of Mother, Marie Reies near Enson st.

6. Mother's Maiden Name, Marie Corlin

7. Mother's Birthplace, Ball city

8. Full Name of Father, John Reies

9. Father's Occupation, crainet

10. Father's Birthplace, Ball city

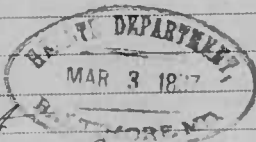
Name of Medical Attendant, or other Person who makes this Return.

Anna H. H. H.

Address,

1247 E. Eager Street

Remarks,



RETURN OF A BIRTH ^{93148.}

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,

9
Female
White
Feb 14 1897
1616 Hollins St
Mary D. West
" " Williams
Va.
George F West
Telegrapher
Baltimore
Thomas Opie M.D.
600 N. Howard St

RETURN OF A BIRTH

92149

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,



Female
White

Nov 14th 86

59 Parkers St

Elizabeth Loft
E. Grossman

Baltimore

John H. Loft
Laboring man

Baltimore

B. F. Phillips

735 N. Lombard

for each offense to be recovered as other fines and forfeitures are recovered.

RETURN OF A BIRTH *92130*

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether male or female),

2. Race or Color (if not of the white race),

3. Date of Birth,

4. Place of Birth (Street and Number),

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks,



14. February

Burgundig. Markt 906.

Henriette Dietlein

Henriette Frisch

Hof i. Bayern

Milchm. Friedrich Karl Dietlein

Schneebaker

Hof i. Bayern

Mrs. Bunge

226 - 711 Broadway

For each offense, to be recovered on other files and forfeitures are recoverable.

RETURN OF A BIRTH. 93151

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2

Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race)

3. Date of Birth Feb 15 1887

4. Place of Birth, (Street and Number) 122 W Washington St

5. Full Name of Mother, Eva Elenghouse

6. Mother's Maiden Name, Eva Hager

7. Mother's Birthplace, Baltimore Md

8. Full Name of Father, Charles Elenghouse

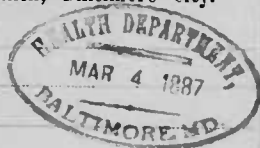
9. Father's Occupation, Sawyer

Father's Birthplace, Baltimore Md

Name of Medical Attendant, or other Person who makes this Return, Mrs. Harbach

Address, 115 South Woff St

Remarks,



RETURN OF A BIRTH 92152.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 10th Ch. 9th Confinement

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth.

2.15.87.

4. Place of Birth, (Street and Number)

S.E. Cor. Fremont & Saratoga St.

5. Full Name of Mother,

Catherine Asendorf.

6. Mother's Maiden Name,

Rearch

7. Mother's Birthplace,

Balto. Md.

8. Full Name of Father,

John Asendorf.

9. Father's Occupation,

Saloon Keeper

10. Father's Birthplace,

Germany

Name of Medical Attendant, or other Person who makes this Return.

Levi M. Eastman

Address,

349 Lexington

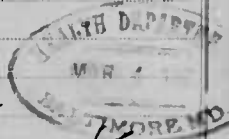
Remarks,

Natural

RETURN OF A BIRTH 9/1/53

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st Child*
2. Sex, (state whether male or female) *Male.*
3. Race or Color, (if not of the white race) _____
4. Date of Birth, *Feb'y 15th 1887.*
5. Place of Birth, (Street and Number) *809 William St.*
6. Full Name of Mother, *Maria Aaron.*
7. Mother's Maiden Name, *" Shenkles.*
8. Mother's Birthplace, *Balt'o. City.*
9. Full Name of Father, *Columbus S. Aaron.*
10. Father's Occupation, *Butter Dealer.*
11. Father's Birthplace, *Worcester Co. Ind.*
- Name of Medical Attendant, or other Person who makes this Return, *R. J. N. Tall. M.D.*
- Address, *159 Sharp St.*
- Remarks, _____



For each infirmity to be recovered as other lines and directions are necessary.

RETURN OF A BIRTH *92154*

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *8th Child*
- Sex, (state whether male or female) *Male.*
2. Race or Color, (if not of the white race) *White.*
3. Date of Birth, *Feb 15th 1887*
4. Place of Birth, (Street and Number) *917 Hanover*
5. Full Name of Mother, *Clara Knorr*
6. Mother's Maiden Name, *Stewart.*
7. Mother's Birthplace, *Baltimore.*
8. Full Name of Father, *L. J. Knorr.*
9. Father's Occupation, *Grocer & Tobacconist.*
- Father's Birthplace, *Germany.*
- Name of Medical Attendant, or other Person who makes this Return, *R. J. W. Tall, M.D.*
- Address, *524 Sharp St.*
- Remarks,



RETURN OF A BIRTH 92155

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

● Sex (state whether male or female),

2. Race or Color (if not of the white race),

3. Date of Birth,

4. Place of Birth (Street and Number),

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. ● Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks,



3rd Child
Boy
Race
Born Feb 15 1881
No 277 Bantole St
Mrs Maggie Hemmings
Maiden Name
Born Baltimore
Mr Hemmings
Laborer
Born Baltimore
Mrs. Miller
Old No 1017 West Pratt St

RETURN OF A BIRTH 92156.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, 15th of February

4. Place of Birth, (Street and Number) Fremont St. (527)

5. Full Name of Mother, Lizzie Walters

6. Mother's Maiden Name, 1891, Harrell

7. Mother's Birthplace, Frederick

8. Full Name of Father, Lewis Walters

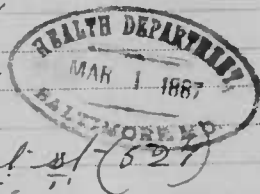
9. Father's Occupation, upholsterer

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return, Mrs W. Mamm^e Madsen

Address, No 10 Pearl St

Remarks,



RETURN OF A BIRTH.

92157.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c) 6

1. Sex (state whether Male or Female) female

2. Race or Color (if not of the white race) African

3. Date of Birth February 15

4. Place of Birth (Street and Number) 88 Russell Street

5. Full Name of Mother Charles Other

6. Mother's Maiden Name Bell Other

7. Mother's Birthplace Calvert County

8. Full Name of Father Charles Other

9. Father's Occupation Labor

10. Father's Birthplace Dorchester County

Name of Medical Attendant, or other Person who makes this Return. Julia A Johnson

Address 515 Wayne Street

Remarks



RETURN OF A BIRTH *93158.*

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mather, (state whether 1st, 2d, 3d, &c.) *Third*

1. Sex (state whether male or female), *female*

2. Race or Color (if not of the white race), *white*

3. Date of Birth, *Feb. 15*

4. Place of Birth (Street and Number), *122 Scott St.*

5. Full Name of Mather, *Catherine Elisabeth Wiseman*

6. Mather's Maiden Name, *Stoppel*

7. Mother's Birthplace, *31 Gilling St. Baltimore*

8. Full Name of Father, *John G. Wiseman*

9. Father's Occupation, *tin and sheet iron worker*

10. Father's Birthplace, *Baltimore*

Name of Medical Attendant, or other person who makes this Return. *Mrs. Gaback*

Address, *No 735 W Pratt Street*

Remarks,



RETURN OF A BIRTH.

92156

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

5

1. Sex (state whether Male or Female)

Male

2. Race or Color (if not of the white race)

White

3. Date of Birth

Feb 15 1887

4. Place of Birth (Street and Number)

Short St 25

5. Full Name of Mother

Mary D Brady

6. Mother's Maiden Name

Mary D Barrett

7. Mother's Birthplace

Baltimore

8. Full Name of Father

John Brady

9. Father's Occupation

Labourer

10. Father's Birthplace

Virginia

Name of Medical Attendant, or other Person who makes this Return.

Dr. George M D

Address

207 Susswiler St

Remarks

RETURN OF A BIRTH 92160

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Baltimore Md

Sex, (state whether male or female)

male

2. Race or Color, (if not of the white race)

Colord

3. Date of Birth.

15 of february

4. Place of Birth, (Street and Number)

548 Hoopman St

5. Full Name of Mother.

Sarah Lee Pluco

6. Mother's Maiden Name,

Sarah Lee Gilpin

7. Mother's Birthplace,

Richmond Va

8. Full Name of Father,

James Pluco

9. Father's Occupation,

waiter

10. Father's Birthplace,

Eastern Shore Md

Name of Medical Attendant, or other Person who makes this Return.

Mrs Jodett 546 W. Bille

Address,

St

Remarks,

RETURN OF A BIRTH 92161

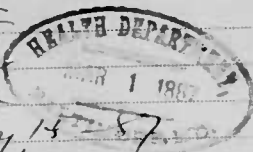
To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2d

Sex, (state whether male or female)

Male
Calver



Race or Color, (if not of the white race)

Date of Birth,

February 15 1887

Place of Birth, (Street and Number)

418 Ash St

Full Name of Mother,

Carrie Mitchell

Mother's Maiden Name,

" Luskford
M

Mother's Birthplace,

Mary Mitchell

Full Name of Father,

John

Father's Occupation,

M

Father's Birthplace,

Catharine & Liverpool

Name of Medical Attendant, or other Person who makes this return

10 Paulina St

Address,

Remarks,

RETURN OF A BIRTH

93162.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)



1. Sex (state whether male or female),

Male

2. Race or Color (if not of the white race),

3. Date of Birth,

Feb 15th 1887

4. Place of Birth (Street and Number),

305 Durham St

5. Full Name of Mother,

Abraha Spence

6. Mother's Maiden Name,

Wicks

7. Mother's Birthplace,

Germany

8. Full Name of Father,

Fredrick Goosebaw

9. Father's Occupation,

Trimmer

10. Father's Birthplace,

Germany

Name of Medical Attendant, or other person who makes this Return.

Lizzy Bell

Address,

1844 Bank St

Remarks,

RETURN OF A BIRTH ⁹²¹⁶³

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Feb. 15th 1887

4. Place of Birth, (Street and Number)

1615 E. Pratt

5. Full Name of Mother,

Mellen Theresa Johnson

6. Mother's Maiden Name,

Kneass

7. Mother's Birthplace,

City

8. Full Name of Father,

William Holton Johnson M.D.

9. Father's Occupation,

P. O. Clerk

10. Father's Birthplace,

City

Name of Medical Attendant,

or other Person who makes this Return

Chas. H. Jones M.D.

Address,

1835 E. Baltimore St.

Remarks,

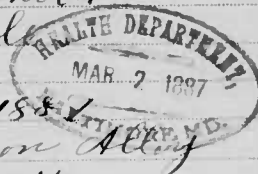


For every failure to file a return for each offense, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH 92164,

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *5th child*
 Sex (state whether male or female), *Female*
 2. Race or Color (if not of the white race),
 3. Date of Birth, *Feb. 15th 1887*
 4. Place of Birth (Street and Number), *No 518 Addison Alley*
 5. Full Name of Mother, *Clara Hardt*
 6. Mother's Maiden Name, *" L. Schock*
 7. Mother's Birthplace, *Westenberg*
 8. Full Name of Father, *Henry Hardt*
 9. Father's Occupation, *Carpenter*
 10. Father's Birthplace, *Bedinger Hessen*
 Name of Medical Attendant, *Annie Lindner*
 Address, *No 206 S. Monal St.*
 Remarks,



RETURN OF A BIRTH 92165,

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mather, (state whether 1st, 2d, 3d, &c.)

Eleventh (11th)

1. Sex (state whether male or female),

Male

2. Race or Color (if not of the white race),

White

3. Date of Birth,

15 Feb 1887

4. Place of Birth (Street and Number),

2102 Baltimore St.

5. Full Name of Mother,

Rachel Lotta Michael

6. Mother's Maiden Name,

Rigner

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Conrad Michael

9. Father's Occupation,

Keeps Carts

10. Father's Birthplace,

Germany

Name of Medical Attendant, or other person who makes this Return.

John Hood

Address,

1403 W. Fayette St

Remarks,

Seven months before & very

small & weak

RETURN OF A BIRTH *9216.*

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1 ☒ Sex (state whether male or female),

2. Race or Color (if not of the white race),

3. Date of Birth,

4. Place of Birth (Street and Number),

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

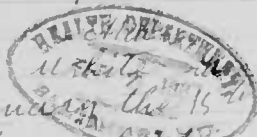
9. Father's Occupation,

1 ☒ Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks,



February the 15th
Baltimore first avenue

Lena Hennig

Garrison

Baltimore

Henry Hennig

laborer

Baltimore

Elizabeth Rathorn

light St 1214

RETURN OF A BIRTH 92167

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Fifth Child*
 Sex (state whether male or female), *Male*
 Race or Color (if not of the white race), *White*
 Date of Birth, *February 15" 1887*
 Place of Birth (Street and Number), *No. 140 Patterson Str.*
 Full Name of Mother, *Ellie Kern*
 Mother's Maiden Name, *Ellie Kanan*
 Mother's Birthplace, *Baltimore*
 Full Name of Father, *Carmelus Kern*
 Father's Occupation, *Laborer*
 Father's Birthplace, *Baltimore*
 Name of Medical Attendant, or other person who makes this Return. *Mrs. Wiley*
 Address, *No. 611 Patterson Park Ave.*
 Remarks, *"*

RETURN OF A BIRTH 72165

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th
1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Feb. 18, 1884
4. Place of Birth, (Street and Number) No. 123 Maryland Ave
5. Full Name of Mother, Mary C. Crout
6. Mother's Maiden Name, Jones
7. Mother's Birthplace, Balt. Md
8. Full Name of Father, Fred. Crout
9. Father's Occupation, Laborer
10. Father's Birthplace, Balt. Md
Name of Medical Attendant, or other Person who makes this Return, Lewis. George
Address, No. 639 Lexington St.
Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2nd

Sex (state whether male or female),

Male

2. Race or Color (if not of the white race),

White

3. Date of Birth,

July 15th

4. Place of Birth (Street and Number),

641 Conway St

5. Full Name of Mother,

Johanne Peters

6. Mother's Maiden Name,

Johanne Lawton

7. Mother's Birthplace,

Germany

8. Full Name of Father,

Emil Peters

9. Father's Occupation,

Engineer

10. Father's Birthplace,

Germany

Name of Medical Attendant, or other person who makes this Return.

William S. Lippert

Address,

529 Columbia Ave

Remarks,



RETURN OF A BIRTH 93170.

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Eighth

Sex, (state whether male or female)

male

Race or Color, (if not of the white race)

White

Date of Birth,

February 15th 1887

Place of Birth, (Street and Number)

1624 W. Fayette St.

Full Name of Mother,

Kate Rous Mills

Mother's Maiden Name,

Kate Rous

Mother's Birthplace,

Baile

Full Name of Father,

James F. Mills

Father's Occupation,

Auctioneer

Father's Birthplace,

Baile

Name of Medical Attendant, or other Person who makes this Return

R. W. Mifflin M.D.

Address,

425 Saratoga St.

Remarks,



RETURN OF A BIRTH 92171

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether male or female),

2. Race or Color (if not of the white race),

3. Date of Birth,

4. Place of Birth (Street and Number),

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks,

1st

male

colored

Feb 15

323 Hoffman

Maggie Cooper

Maggie Washington

Charles County Va

Charles H. Cooper

Coachman

Charles County Md

Rebecca Holman

434 Monumental



RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

4th (92173)

1. Sex, (state whether male or female)

Male
White
FEB 25 1887
BALTIMORE, MD.

2. Race or Color, (if not of the white race)

3. Date of Birth.

Feb 15, 1887

4. Place of Birth, (Street and Number)

237 S. 8th Street

5. Full Name of Mother,

Sophia Weaver

6. Mother's Maiden Name,

Sophia Blummauer

7. Mother's Birthplace,

Maryland

8. Full Name of Father,

John H. Weaver

9. Father's Occupation,

Police Officer

10. Father's Birthplace,

Maryland

Name of Medical Attendant, or other Person who makes this Return

James T. Brelvi M.D.

Address,

319 Hollins St.

Remarks,

See first of full instructions for each reference, to be reviewed as either first and penultimate are revocable.

RETURN OF A BIRTH 92173

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Sex (state whether male or female),

2. Race or Color (if not of the white race),

3. Date of Birth,

4. Place of Birth (Street and Number),

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks,



4
female
February 15, 1887
No 2067 Spruce St.
Henrietta Sachowski

Teppner
Germany

William Sachowski
Shoe Maker

Germany

Mrs. Louise Kraft
No 405 S. Washington St.

RETURN OF A BIRTH 92174

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

4 child

1. Sex (state whether male or female),

male

2. Race or Color (if not of the white race),

White

3. Date of Birth,

15th of Feb.

4. Place of Birth (Street and Number),

918 Ridgely St. Baltimore

5. Full Name of Mother,

Mrs. Mary Wahl.

6. Mother's Maiden Name,

Mary Mink.

7. Mother's Birthplace,

New York.

8. Full Name of Father,

Edward Wahl.

9. Father's Occupation,

Piano Maker

10. Father's Birthplace,

New York.

Name of Medical Attendant, or other person who makes this Return

At or Dr. H. H. H.

Address,

11 Cross St.

Remarks,



RETURN OF A BIRTH 92175

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *the first child*

Sex (state whether male or female), *male*

2. Race or Color (if not of the white race), *white*

3. Date of Birth, *15th Feb*

4. Place of Birth (Street and Number), *523 Scott St*

5. Full Name of Mother, *Grace Banks*

6. Mother's Maiden Name, *Grace C. Jones*

7. Mother's Birthplace, *Baltimore*

8. Full Name of Father, *William C. Banks*

9. Father's Occupation, *Book in the water*

10. Father's Birthplace, *Baltimore*

Name of Medical Attendant, or other person who makes this Return, *John Bangs*

Address, *420-14 Cross St*

Remarks,



For each office, to be recovered as other files and perforations are recoverable.

RETURN OF A BIRTH.

92176.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race) Color

3. Date of Birth

Feb 15 1887

4. Place of Birth (Street and Number) 86 St Paul St Balt

5. Full Name of Mother Elsiebeth Harris

6. Mother's Maiden Name

Elsiebeth Guber

7. Mother's Birthplace

Harford Co Md

8. Full Name of Father

Wm George Harris

9. Father's Occupation

Patrol

10. Father's Birthplace

Baltimore Md

Name of Medical Attendant, or other Person who makes this Return.

Address

Mrs Jane Caste - 10 Hamblet St

Remarks

111



RETURN OF A BIRTH ⁹²¹⁷⁷

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *5th*

Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, _____

4. Place of Birth, (Street and Number), *31 Bridge Street*

5. Full Name of Mother, *Marion G. Brown*

6. Mother's Maiden Name, *Johnson*

7. Mother's Birthplace, *Baltimore*

8. Full Name of Father, *James G. Brown*

9. Father's Occupation, *Gen. Grocer*

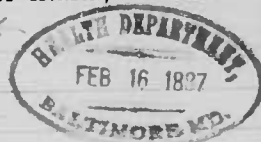
Father's Birthplace, *Baltimore*

Name of Medical Attendant, _____

or other Person who
makes this Return

Address, *700 Madison Ave*

Remarks, _____



Any person or persons who shall hereafter fail to comply with the provisions of this act, shall be liable to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH ^{92178,}

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

3 Child

Sex, (state whether male or female)

girl

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Feb 16 1887

4. Place of Birth, (Street and Number)

2058 Eastern

5. Full Name of Mother,

Emma Dickon

6. Mother's Maiden Name,

Emma Giehl

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Charles Dickon

9. Father's Occupation,

Clerk

Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return.

Frederick Kaufman

Address,

517 S. Balles St

Remarks,

Midwife



RETURN OF A BIRTH 92179.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether male or female),

2. Race or Color (if not of the white race),

3. Date of Birth,

4. Place of Birth (Street and Number),

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks,



Baltimore west st No 33
 Amelia Lantzburg
 Linn
 Baltimore
 Conrad Lantzburg
 glass work
 Baltimore
 Elizabeth Kathan
 Light st No 1514

For each child, to be recovered as other than the father are recoverable.

RETURN OF A BIRTH.

92180

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Fifth

1. Sex (state whether Male or Female).

Male

2. Race or Color (if not of the white race)

White

3. Date of Birth

February 18th, 1887

4. Place of Birth (Street and Number)

504 Lee St.

5. Full Name of Mother

Clara Belle Fowler

6. Mother's Maiden Name

Brown.

7. Mother's Birthplace

Baltimore, Md.

8. Full Name of Father

Joseph Allen Fowler.

9. Father's Occupation

Plasterer

10. Father's Birthplace

Calvert Co. Md.

Name of Medical Attendant, or other Person who makes this Return.

Louis W. Knight M.D.

Address

414 N. Greene St.

Remarks

RETURN OF A BIRTH ⁹²¹⁸¹

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

4

1. Sex (state whether male or female),

Female

2. Race or Color (if not of the white race),

White

3. Date of Birth,

Feb 16 - 87

4. Place of Birth (Street and Number),

1402 N. Street

5. Full Name of Mother,

Sarah Connor

6. Mother's Maiden Name,

Sarah Hudson

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Prestman Cannon

9. Father's Occupation,

Bricklayer

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other person who makes this Return.

Miss Lena Parris

Address,

1600 N. Street Baltimore

Remarks,



RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return

Address.

Remarks.

Male

Callor

Feb 10

18 Josephine St

Louisa Lucas

Louisa Willson

Howard Co

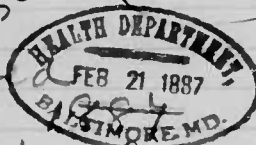
Henry Lucas

Laborer

Va.

Mary Thompson

20 Josephine St



92183

to a fine of ten dollars for each offense, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *4th*

☒ Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *February 16: 1887*

4. Place of Birth, (Street and Number) *1727 Bottaw st*

5. Full Name of Mother, *Lorion Doyle*

6. Mother's Maiden Name, *Griffith*

7. Mother's Birthplace, *Baltimore*

8. Full Name of Father, *Jos. Clarence (Doyle) (Doyle)*

9. Father's Occupation, *Hardware Agent*

☒ Father's Birthplace, *Baltimore*

Name of Medical Attendant, *Dr. H. Williams*
or other Person who makes this Return

Address, *900 Madison Ave*

Remarks,



Any person or persons who neglects to register the birth of a child or children for each offence, to be prosecuted as other fines and penalties are recoverable.

RETURN OF A BIRTH 92184.

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Sex, (state whether male or female)

Race or Color, (if not of the white race)

Date of Birth,

Place of Birth, (Street and Number)

Full Name of Mother,

Mother's Maiden Name,

Mother's Birthplace,

Full Name of Father,

Father's Occupation,

Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,



5th
female
white
Feb 16th
1307 E. Monument St
Emma W Eaton
" " " " " " " "
Washington DC
G. L. Eaton
Musician
New York
Irving Miller M.D.
1307 E. Monument St.

RETURN OF A BIRTH 9318.5

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2^d*

1. Sex (state whether male or female), *female*

2. Race or Color (if not of the white race), *white*

3. Date of Birth, *Feb 16 1887*

4. Place of Birth (Street and Number), *313 Madison*

5. Full Name of Mother, *Mary Lewis*

6. Mother's Maiden Name, *Mary Park*

7. Mother's Birthplace, *Wm*

8. Full Name of Father, *Essex Lewis*

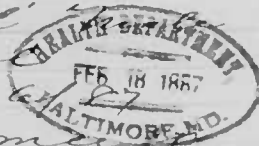
9. Father's Occupation, *Wm*

10. Father's Birthplace, *Wm*

Name of Medical Attendant, or other person who makes this Return. *James M. M. M.*

Address,

Remarks,



For each offence, to be recovered as other times and forfeitures are recoverable.

RETURN OF A BIRTH 92/86.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

Sex (state whether male or female), Male

2. Race or Color (if not of the white race), White

3. Date of Birth, 10 February

4. Place of Birth (Street and Number), 417 3rd Avenue

5. Full Name of Mother, Anna Wirth

6. Mother's Maiden Name, Galki

7. Mother's Birthplace, Thiersguth Westphalen

8. Full Name of Father, John Wirth

9. Father's Occupation, Laborer

10. Father's Birthplace, Hessehheim

Name of Medical Attendant, or other person who makes this Return.

Mrs. G. Weiss
424 Lancaster St.

Remarks,



RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mather, (state whether 1st, 2d, 3d, &c.) *Elizabeth, Mary Zippel*

Sex (state whether male or female), *female*

2. Race or Color (if not of the white race), *White*

3. Date of Birth, *16 of February 1887*

4. Place of Birth (Street and Number), *629 Port Allen*

5. Full Name of Mather, *Magdalene Zippel*

6. Mather's Maiden Name, *Erhardt.*

7. Mather's Birthplace, *Königsbrunn (Bavaria)*

8. Full Name of Father, *Fritz Zippel*

9. Father's Occupation, *Laborn*

10. Father's Birthplace, *Balt.*

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks,

Mrs. J. Weiss
422 Lancaster St. Canton
GIVEN DATE ADDED 1-31-52



RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

(92188)

Sex, (state whether male or female) *male*

2. Race or Color, (if not of the white race) *Co. Col.*

3. Date of Birth, *16 of January*

4. Place of Birth, (Street and Number) *Chicardine W no 1230*

5. Full Name of Mother, *Sa. L. B. Lard*

6. Mother's Maiden Name, *Sa. L. Williams*

7. Mother's Birthplace, *acmack dogina*

8. Full Name of Father, *archia B. Lard*

9. Father's Occupation, *Oyster Shucker*

Father's Birthplace, *m. C. mountain county*

Name of Medical Attendant, or other Person who makes this Return *doct. B. Rose*

Address, *no 1230 Chicardine W*

Remarks, _____



any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offense, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH. 72189

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.), 1st.

Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth Feb. 16, 1887

4. Place of Birth, (Street and Number) 275 (corner) Chase St.

5. Full Name of Mother, Barbara Koch

6. Mother's Maiden Name, " Buzler

7. Mother's Birthplace, Balt. Md.

8. Full Name of Father, Charles Koch

9. Father's Occupation, Carpenter & Joiner

Father's Birthplace, Germany

Name of Medical Attendant, or other Person who makes this Return, Geo. A. Hartman, M.D.

Address, 1121 W. Caroline St.

Remarks,



of persons who shall hereafter fail to comply with the provisions of this act, and for each offence to be recovered as other fines and forfeitures are recoverable.

When the person or persons who should hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offense, to be recovered at other times and places as may be recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

John Thompson
1. Male

Sex, (state whether male or female)

2. Race or Color, (if not of the white race)



3. Date of Birth.

February 1887

4. Place of Birth, (Street and Number)

124 York Street

5. Full Name of Mother.

Annie Thompson

6. Mother's Maiden Name.

Annie Redding

7. Mother's Birthplace.

Wilmington Dela

8. Full Name of Father.

9. Father's Occupation.

Label

10. Father's Birthplace.

Dorchester Co East New Market

Name of Medical Attendant, or other Person who makes this Return

Mary Smith

Address.

117 Welcom ally

Remarks.

RETURN OF A BIRTH 92.191.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *First 1st*

● Sex, (state whether male or female) *Female*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *February 1897*

4. Place of Birth, (Street and Number) *10023 1st Danmore Rd.*

5. Full Name of Mother, *Miss Laura T. Weaver*

6. Mother's Maiden Name, *Miss Laura T. Weaver*

7. Mother's Birthplace, *Washington, D.C.*

8. Full Name of Father, *Wm. Addison T. Weaver*

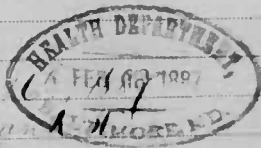
9. Father's Occupation, *Clerk*

● Father's Birthplace, *Baltimore Md.*

Name of Medical Attendant, or other Person who makes this Return. *Wm. C. Glendinning M.D.*

Address, *No. 414 North Broadway*

Remarks,



for each offense to be recovered as other laws and regulations are recoverable.

RETURN OF A BIRTH 92192.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *first*

Sex, (state whether male or female) *female*

2. Race or Color, (if not of the white race) *Caucasian*

3. Date of Birth, *16*

4. Place of Birth, (Street and Number) *Church Street*

5. Full Name of Mother, *Seda Jones*

6. Mother's Maiden Name, *Seda Brooks*

7. Mother's Birthplace, *Lancaster*

8. Full Name of Father, *Henry Jones*

9. Father's Occupation, *Druggist*

10. Father's Birthplace, *London*

Name of Medical Attendant, or other Person who makes this Return. *Mary Walker*

Address, *142 York St*

Remarks,



For each offense in the recovery of other fines and forfeitures are recoverable.

RETURN OF A BIRTH ^{92193.}

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

First

Sex, (state whether male or female)

female

2. Race or Color, (if not of the white race)

3. Date of Birth,

February 16, 1883

4. Place of Birth, (Street and Number)

712 E. Lombard St.

5. Full Name of Mother,

Lillian Minerva Smith

6. Mother's Maiden Name,

Lillian Libbey

7. Mother's Birthplace,

New York

8. Full Name of Father,

Harry Smith

9. Father's Occupation,

Bookkeeper

Father's Birthplace,

Baltimore, Md.

Name of Medical Attendant, or other Person who makes this Return.

Miss. Quip Haberman

Address,

141 E 28. Ave 112. N. Smith St. Baltimore

Remarks,

M.

RETURN OF A BIRTH 92194.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

● Sex (state whether male or female),

2. Race or Color (if not of the white race),

3. Date of Birth,

4. Place of Birth (Street and Number),

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

● Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return.

Address, *St. John's Harbor & Sager Sts.*

Remarks,

First

Female

White

February 16 1887

1508 E. Monument

Ella May Shields

Ramsay

Baltimore

Thomas Shields

Merchant

Ireland

Dr. Seldner M. Dr.



who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

92195

Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

Other, (state whether 1st, 2d, 3d, &c.)

1st Child

Sex Male or Female)

female

Color (if not of the white race)

Colored

(Street and Number)

16th Feb 1887
Cross St - 505

Mother

Harri Ballard

Father

Baltimore

Place

Place

Place

Place

Medical Attendant, or other Person who makes this return

Mrs. Catherine Carus

12 507 Cross St



RETURN OF A BIRTH ^{92196.}

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Howard Edward --- *Bayer*
No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

3. Date of Birth,

Feb 17

4. Place of Birth, (Street and Number)

805

5. Full Name of Mother,

Anna Bauer

6. Mother's Maiden Name,

Lehner

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

John Bauer

9. Father's Occupation,

Teacher

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return.

Lucius S. Smith

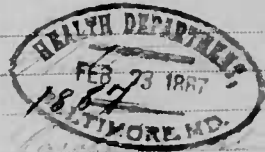
Address,

No 1800 Thew Street,

Remarks,

GIVEN NAME ADDED 1-6-54

h m



Persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 92197.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

● Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, Feb'y. 17 3. 1887.

4. Place of Birth, (Street and Number) 82 Druid Hill Ave

5. Full Name of Mother, Jennie Odend' Hall Schick

6. Mother's Maiden Name, Jennie Odend' Hall

7. Mother's Birthplace, Norfolk Va.

8. Full Name of Father, Thomas Schick

9. Father's Occupation, Painter

● Father's Birthplace, Baltimore Md

Name of Medical Attendant, or other Person who makes this Return. James Bacon M.D.

Address, Cor Arlington & Lafayette sts

Remarks,

If persons who shall hereafter fail to comply with the provisions of this section, shall be subject to the fine of ten (\$10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

92198.

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

Colored.

3. Date of Birth, 17th Day of February

4. Place of Birth, (Street and Number)

222 Forrest Street

5. Full Name of Mother,

Mrs Josephine Brown Young

6. Mother's Maiden Name,

Mrs Josephine Brown Woodland

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Mr. William Henry Young

9. Father's Occupation,

Laborer

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return,

Mrs Caroline Jordan

Address,

125 East Street

Remarks,

RETURN OF A BIRTH 92199.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

~~3rd~~ 3rd

Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

Calar

3. Date of Birth,

Feb 12

4. Place of Birth, (Street and Number)

Rutter St 1345

5. Full Name of Mother,

Alie Wilson

6. Mother's Maiden Name,

Alie ~~Wilson~~ Dosen

7. Mother's Birthplace,

It is County Va

8. Full Name of Father,

Charles Wilson

9. Father's Occupation,

Water

10. Father's Birthplace,

Baltimore City

Name of Medical Attendant, or other Person who makes this Return.

Dr. Miller Bonds

Address,

917 1/2 E. Calver St

Remarks,



For each child to be returned as other than white, the color must be indicated.

GIVEN NAME ADDED 2-16-53
RETURN OF A BIRTH 92200

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Margaret Herget

No. of Child of Mother, (state whether 1st, 2d, 3d, etc.) 4

Sex, (state whether male or female) female

2. Race or Color, (if not of the white race) white

3. Date of Birth, Feb 17. 1887

4. Place of Birth, (Street and Number) 402 Canton ave

5. Full Name of Mother, Margaret Herget

6. Mother's Maiden Name, Margaret Doyle

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Anton Herget

9. Father's Occupation, laborer

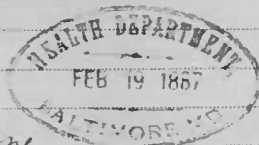
Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return.

Mary Conner 424

Address, Patterson Park ave

Remarks,



RETURN OF A BIRTH ^{92201.}

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) ^{8th}

Sex (state whether male or female), ^{Mr.}

2. Race or Color (if not of the white race), ^{for}

3. Date of Birth, ^{Feb 18 1867}

4. Place of Birth (Street and Number), ^{20 N. B. St.}

5. Full Name of Mother, ^{Murtha Brown}

6. Mother's Maiden Name, ^{Murtha Woodland}

7. Mother's Birthplace, ^{St Marys Co Md}

8. Full Name of Father, ^{Albert Brown}

9. Father's Occupation, ^{Labrwr}

10. Father's Birthplace, ^{Ind.}

Name of Medical Attendant, or other person who makes this Return. ^{James Woodland}

Address,

Remarks,

The Commissioner of Health, in the Registry of Births, is authorized to require the Registrar to supply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 93202.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) female

2. Race or Color, (if not of the white race) white

3. Date of Birth, Feb 17 1907

4. Place of Birth, (Street and Number) 1730 E. Baltimore

5. Full Name of Mother, Susan L. Wilson

6. Mother's Maiden Name, " " Thomas

7. Mother's Birthplace, Baltimore Md

8. Full Name of Father, George Peter Hoffman

9. Father's Occupation, Book Binder

10. Father's Birthplace, Prussia, Germany

Name of Medical Attendant, or other Person who makes this Return, W. H. Dorschner

Address,

Remarks,



Persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

92203,

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race) Mulatto

3. Date of Birth Feb 17th 87

4. Place of Birth (Street and Number) 249 Linden Ave

5. Full Name of Mother unmarried

6. Mother's Maiden Name Page Gordon

7. Mother's Birthplace Va

8. Full Name of Father

Father's Occupation

10. Father's Birthplace

} unknown

Name of Medical Attendant,

or other Person who
makes this Return.

Edmund D. 12 ~~W. A. C. H. D.~~

Address

1021 Linden Ave

Remarks

L.O.C.

RETURN OF A BIRTH

GIVEN NAME ADDED 3-14-51

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Name: Henry Samuel Frank*

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

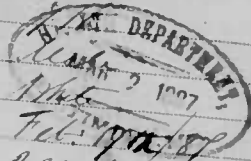
9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,



*229 N. W. Ave.
Rutledge Frank
Rutledge Mandellman
Maryland
Sam'l Frank
Merchant
Maryland
J. L. L. L. L.
2 Cathedral St.*

or persons who shall hereafter fail to comply with the provisions of this act, shall be liable to a fine of \$100 for each offense to be recovered as other data and forfeitures are recoverable.

who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 92205

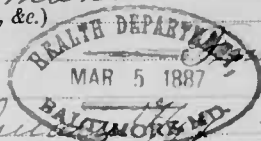
To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Barbara Anna Gumpmann

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

3

● Sex (state whether male or female),



Female

2. Race or Color (if not of the white race),

3. Date of Birth,

February 17, 1887

4. Place of Birth (Street and Number),

1125 563 Preston St.

5. Full Name of Mother,

Minnie Gumpmann

6. Mother's Maiden Name,

Schafer

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

John Gumpmann

9. Father's Occupation,

Laborer

● Father's Birthplace,

Baltimore

Name of Medical Attendant, or other person who makes this Return,

Mrs. Louise Kraft

Address,

No 405 S. Washington St.

Remarks,

GIVEN NAME ADDED.

*9-29-53
h.m.*

RETURN OF A BIRTH

92206.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex (state whether male or female), Female

2. Race or Color (if not of the white race).

3. Date of Birth,

Feb 17 11 1887

4. Place of Birth (Street and Number), 121 Biddle St

5. Full Name of Mother,

Anna C. C. C.

6. Mother's Maiden Name,

" " Laurels

7. Mother's Birthplace,

Germany

8. Full Name of Father,

Alfred B. C.

9. Father's Occupation,

Watchman

10. Father's Birthplace,

Germany

Name of Medical Attendant, or other person who makes this Return.

L. J. P.

Address,

121 Biddle St

Remarks,

the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (\$10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH *92307*

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether male or female),

2. Race or Color (if not of the white race),

3. Date of Birth,

4. Place of Birth (Street and Number),

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks,



For each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH ⁹²⁰⁸

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

First,

● Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Feb. 17th 1898

4. Place of Birth, (Street and Number)

Monte, 1134 1/2 W. Lombard St.

5. Full Name of Mother,

Emma Liffy,

6. Mother's Maiden Name,

No.

7. Mother's Birthplace,

Maryland.

8. Full Name of Father,

9. Father's Occupation,

● Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

L. F. Anderson M.D.

Address,

1134 1/2 W. Lombard St.

Remarks,

for each offense in be recovered as other data and forfeitures are recoverable.

RETURN OF A BIRTH ^{92209.}

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mather, (state whether 1st, 2d, 3d, &c.)

● Sex (state whether male or female),

2. Race or Color (if not of the white race),

3. Date of Birth,

4. Place of Birth (Street and Number),

5. Full Name of Mather,

6. Mather's Maiden Name,

7. Mather's Birthplace,

8. Full Name of Father,

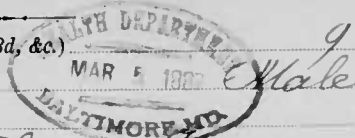
9. Father's Occupation,

● Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks,



February 1897

No 418 Eastern Ave

Kate Krieg

Myer

Baltimore

John Krieg

Laborer

Baltimore

Mrs. Louise Kraft

No 405 S. Washington St.

For each offender, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH ⁹²²¹⁰

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) ^{2nd}

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,



for each offense to be recovered as other laws and ordinances are recovered.

RETURN OF A BIRTH 92211

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2nd*

Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race) *W.*

3. Date of Birth, *July 17/87*

4. Place of Birth, (Street and Number) *265 N. Bond*

5. Full Name of Mother, *Elizabeth Myers*

6. Mother's Maiden Name, *Wheeler*

7. Mother's Birthplace, *B. C.*

8. Full Name of Father, *Gustav Myers*

9. Father's Occupation, *Merchant*

10. Father's Birthplace, *B. C.*

Name of Medical Attendant, or other Person who makes this return. *Geo. A. McInnes*

Address, *47 E. Bay*

Remarks,



For each return to be received in other lines and figures are recommended.

RETURN OF A BIRTH 92212

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

12th child

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

white

3. Date of Birth

July 17/87

4. Place of Birth, (Street and Number)

137 Baulk St.

5. Full Name of Mother

Mary E. Cashmyer

6. Mother's Maiden Name

" Zinkand

7. Mother's Birthplace

Baltimore

8. Full Name of Father

Henry Cashmyer

9. Father's Occupation

Justice of the Peace

10. Father's Birthplace

Germany

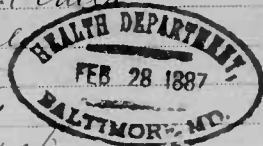
Name of Medical Attendant, or other Person who makes this Return

R. W. Mansfield M.D.

Address

129 So Broadway

Remarks



RETURN OF A BIRTH 92213.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether male or female),
2. Race or Color (if not of the white race),
3. Date of Birth,
4. Place of Birth (Street and Number),
5. Full Name of Mother,
6. Mother's Maiden Name,
7. Mother's Birthplace,
8. Full Name of Father,
9. Father's Occupation,
10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks,



Scott Street 1209.
Victoria Spence
Turner

Baltimore Md
John S Spence
Carpenter
Pittsburgh Pa
Mrs Bunge
126 - 711 Grand St

who shall hereafter fail to comply with the provisions of this act, shall be liable for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH ⁴²²¹⁴

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) ^{2nd}

1. Sex, (state whether male or female) *Female*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *Feb 18 - 87*

4. Place of Birth, (Street and Number) *Maternity 113-115 N. Lombard St.*

5. Full Name of Mother, *Mrs L. B. Smith*

6. Mother's Maiden Name, *Virginia*

7. Mother's Birthplace, *—*

8. Full Name of Father, *—*

9. Father's Occupation, *—*

10. Father's Birthplace, *—*

Name of Medical Attendant, or other Person who makes this Return, *W. O. Spratt, M.D.*

Address, *Maternity*

Remarks, *—*

or persons who shall, hereafter, act in conformity with the provisions of this act, shall be subject to the same as if they had been

RETURN OF A BIRTH 92215

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *8*
- Sex, (state whether male or female) *Male*
2. Race or Color, (if not of the white race)
3. Date of Birth, *Feb. 18 1887* HEALTH DEPARTMENT
MAR 3 1887
4. Place of Birth, (Street and Number) *Baltimore City, Howard St*
5. Full Name of Mother, *Caroline Reinhardt*
6. Mother's Maiden Name, *Caroline Peters*
7. Mother's Birthplace, *Germany*
8. Full Name of Father, *Henry Reinhardt*
9. Father's Occupation, *Cigarmaker*
10. Father's Birthplace, *Baltimore, Md.*
- Name of Medical Attendant, or other Person who makes this Return, *Wm M. Shaffer*
- Address, *No. 1139 Bridgely St*
- Remarks,

for each offence to be recovered as other laws and ordinances are recoverable.

RETURN OF A BIRTH

72216.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether ~~1st~~, 2d, 3d, &c.) ^{2nd}
- Sex, (state whether male or female) *Female*
- Race or Color, (if not of the white race) *White*
- Date of Birth, *Feb'y 18th 1887*
- Place of Birth, (Street and Number) *Schroeder St*
- Full Name of Mother, *Anna Lotte Swind*
- Mother's Maiden Name, *Emma Lotte Swind*
- Mother's Birthplace, *Baltimore Md*
- Full Name of Father, *John C. Cavanaugh*
- Father's Occupation, *Carpenter*
- Father's Birthplace, *Baltimore Md.*
- Name of Medical Attendant, or other Person who makes this return. *James Bacon M.D.*
- Address, *Cor Washington & Loyall Sts*
- Remarks,

for each offense to be recovered as other fines and for returns are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4 Called
 1. Sex (state whether male or female), Female
 2. Race or Color (if not of the white race), White
 3. Date of Birth, Feb 18, 1887
 4. Place of Birth (Street and Number), 8 Market St.
 5. Full Name of Mother, Beckie Sacks
 6. Mother's Maiden Name, Beckie M. Mosey
 7. Mother's Birthplace, Prussia
 8. Full Name of Father, Isidor Sacks
 9. Father's Occupation, Stenographer
 10. Father's Birthplace, Prussia
 Name of Medical Attendant, E. Schenck
 Address, 124 E. Baltimore St.
 Remarks, 113.



For each delivery, to be returned to the Office of the Registrar of Vital Statistics, Board of Health, Baltimore City.

Printing Co., City Printers and Stationers

CORRECTION

**The preceding document has been re-
photographed to assure legibility and its
image appears immediately hereafter.**

RETURN OF A BIRTH 92317

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *11* *Earlier*

● Sex (state whether male or female), *Female*

2. Race or Color (if not of the white race), *White*

3. Date of Birth, *Feb 18, 1887*

4. Place of Birth (Street and Number), *8 Market St.*

5. Full Name of Mother, *Beckie Sacks*

6. Mother's Maiden Name, *Beckie Wasson*

7. Mother's Birthplace, *Russia*

8. Full Name of Father, *Isidor Sacks*

9. Father's Occupation, *Storekeeper*

10. Father's Birthplace, *Russia*

Name of Medical Attendant, or other person who makes this Return. *E. E. Egan*

Address, *Edinboro St. N.B.*

Remarks,



For each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

92218.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

9th

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Feb. 13/87

4. Place of Birth, (Street and Number)

No. 109 N. Connelly

5. Full Name of Mother,

Catherine Sherron

6. Mother's Maiden Name,

McQueney

7. Mother's Birthplace,

Ireland

8. Full Name of Father,

Robert Mathew Sherron

9. Father's Occupation,

Labourer

10. Father's Birthplace,

Ireland

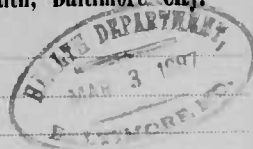
Name of Medical Attendant, or other Person who makes this Return.

H. J. Macdonald

Address,

535 N. Lombard St.

Remarks,



RETURN OF A BIRTH *92219*

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2^d*

Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

February 18

4. Place of Birth, (Street and Number)

No 205 Oliver st

5. Full Name of Mother,

Elizabeth Daley

6. Mother's Maiden Name,

E. Baller

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Thomas Daley

9. Father's Occupation,

Labourer

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Catharine Corning

Address,

No 1517 Byrd st

Remarks,



RETURN OF A BIRTH 93320.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9th

Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, February 15th 1887

4. Place of Birth, (Street and Number) No 5 Baltoy Ave

5. Full Name of Mother, Mary Katzenlunger

6. Mother's Maiden Name, M. Speigel

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Frank Katzenberger

9. Father's Occupation, Turner

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return, Catherine Scruany

Address, No 1517 Byrd St

Remarks,



RETURN OF A BIRTH 95221.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

12th

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

2. 18. 87.

4. Place of Birth, (Street and Number)

489 (old no) W. Pratt St.

5. Full Name of Mother,

Gunnio Nolan -

6. Mother's Maiden Name,

Schad -

7. Mother's Birthplace,

Balto. Md.

8. Full Name of Father,

Joe Nolan,

9. Father's Occupation,

Driver -

10. Father's Birthplace,

Balto. Md.

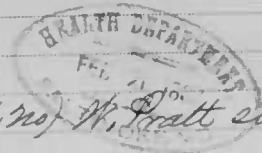
Name of Medical Attendant, or other Person who makes this return.

Henry M. Eastman -

Address,

349 Lexington St.

Remarks,



RETURN OF A BIRTH 93222

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

8 Child

Sex (state whether male or female),

BALTIMORE

2. Race or Color (if not of the white race),

Feb 18 1887

3. Date of Birth,

4. Place of Birth (Street and Number),

1705 Hanover

5. Full Name of Mother,

Emilia Henschel

6. Mother's Maiden Name,

Goschall

7. Mother's Birthplace,

Germany

8. Full Name of Father,

Julius Henschel

9. Father's Occupation,

Boys' Finisher

10. Father's Birthplace,

Germany

Name of Medical Attendant, or other person who makes this Return.

J. Schwaeser M.D.

Address,

1032 Hanover St.

Remarks,

For each office, to be recovered as color line and figures are inseparable.

RETURN OF A BIRTH.

92223

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

2nd

1. Sex (state whether Male or Female)

Male

2. Race or Color (if not of the white race)

white

3. Date of Birth

February 18th 1887

4. Place of Birth (Street and Number)

Linden Ave near Preston St 915

5. Full Name of Mother

Emily C Morris

6. Mother's Maiden Name

Emily C. Gordon

7. Mother's Birthplace

Philadelphia

8. Full Name of Father

Clinton B. Morris

9. Father's Occupation

Carriage Painter

10. Father's Birthplace

Baltimore Md

Name of Medical Attendant,

or other Person who makes this Return.

Edmund R. Walker M.D.

Address

1021 Linden Ave

Remarks

L. O. A



RETURN OF A BIRTH 92224

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st* *11*

Sex, (state whether male or female) *Male*

Race or Color, (if not of the white race) *White*

Date of Birth, *Feb 18 1887*

Place of Birth, (Street and Number) *16 S Norway*

Full Name of Mother, *Margaretta Klepper*

Mother's Maiden Name, *Margaretta Muller*

Mother's Birthplace, *Germany*

Full Name of Father, *F. W. Klepper*

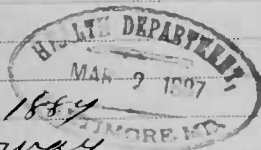
Father's Occupation, *Furniture Merchant*

Father's Birthplace, *Germany*

Name of Medical Attendant, or other Person who makes this Return, *A. B. Luedemann*

Address,

Remarks,



for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)
- Sex (state whether male or female),
2. Race or Color (if not of the white race),
3. Date of Birth,
4. Place of Birth (Street and Number),
5. Full Name of Mother,
6. Mother's Maiden Name,
7. Mother's Birthplace,
8. Full Name of Father,
9. Father's Occupation,
10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return.
Address,
Remarks,



2 Child
1st Child
1253 Light St.
Emma Schmidt
Howard
America
Peter Schmidt
Shoe maker
America
J. Schwasser Midwife
1032 Hanover St.

For each office, to be returned as often as the office and for the office are necessary.

RETURN OF A BIRTH 952271

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

8th

Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

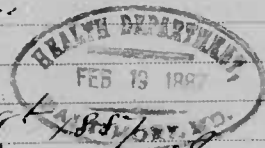
9. Father's Occupation,

Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,



White
February 18th 1887

1142 Branch "

Lurak E Burkhardt

" " Mason

Virginia

Augustine Burkhardt

Deputy of 1st Eng. Luth Church

New York

J. L. H. H. H.

55 W. Lombard St

RETURN OF A BIRTH *92228*

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

● of Child of Mother, (state whether 1st, 2d, 3d, &c.)

5th child

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

July 18/87

4. Place of Birth, (Street and Number)

337 Clinton St.

5. Full Name of Mother,

Ella Jones

6. Mother's Maiden Name,

Turner

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Ernest Jones

9. Father's Occupation,

Cycle Grease Manufacturer

10. Father's Birthplace,

Wales

Name of Medical Attendant, or other Person who makes this Return.

R.W. Mansfield M.D.

Address,

129 So Broadway

Remarks,



For each child born to be recorded in the City of Baltimore

RETURN OF A BIRTH 92129.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether male or female),

2. Race or Color (if not of the white race),

3. Date of Birth,

4. Place of Birth (Street and Number),

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks,

First

Male

Colored

18th of February

Biddle st. No. 295 old num.

Edna Mathews

Edna Bailey

North Carolina

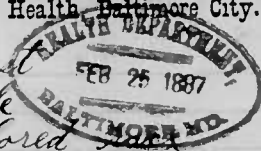
Samuel Mathews

Waiter

Howard County

Mrs Annie Johnson

No. 710 Tyson st.



RETURN OF A BIRTH *92230.*

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether male or female),

2. Race or Color (if not of the white race),

3. Date of Birth,

4. Place of Birth (Street and Number),

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks,



Seven

Male

Colored

18th of February

No. 549 Oxford St

Ellen Handy

Ellen Watters

Princess Anne County md.

Thomas Handy

Waiter

Princess Anne County md.

Mrs Annie Johnson

No. 710 Tyson St.

for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH *92231*

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Fifth (5th)*

1. Sex, (state whether male or female) *Girl*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *Feb. 18th 1887*

4. Place of Birth, (Street and Number) *208th Eden St. Chesapeake*

5. Full Name of Mother, *Emelia Brusstar*

6. Mother's Maiden Name, *Emelia Lean*

7. Mother's Birthplace, *Baltimore*

8. Full Name of Father, *Henry Brusstar*

9. Father's Occupation, *Ship carpenter*

10. Father's Birthplace, *Baltimore*

Name of Medical Attendant, or other Person who makes this Return, *Pauline Larseman*

Address, *1225 Harz St*

Remarks, *None*



RETURN OF A BIRTH *92232*

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *3rd*

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race)

3. Date of Birth, *July 18th 1887*

4. Place of Birth, (Street and Number)

5. Full Name of Mother, *Mary Ellen Owens*

6. Mother's Maiden Name, *Medville*

7. Mother's Birthplace, *Baltimore*

8. Full Name of Father, *James Graham Owens*

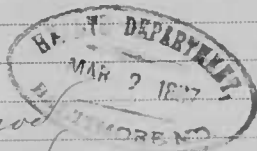
9. Father's Occupation, *Grocer*

10. Father's Birthplace, *Ireland*

Name of Medical Attendant, or other Person who makes this Return, *Geo. B. Reynolds M.D.*

Address, *711 N. Calvert St. Balto.*

Remarks,



RETURN OF A BIRTH 92233.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Fifth*
 1. Sex (state whether male or female), *Male*
 2. Race or Color (if not of the white race), *Colored*
 3. Date of Birth, *18th of Feb. 1897*
 4. Place of Birth (Street and Number), *No 527 Biddle St.*
 5. Full Name of Mother, *Drusilla Mack*
 6. Mother's Maiden Name, *Drusilla Johnson*
 7. Mother's Birthplace, *Calvert County*
 8. Full Name of Father, *Henry Mack*
 9. Father's Occupation, *Laborer*
 10. Father's Birthplace, *Washington*
 Name of Medical Attendant, or other person who makes this Return, *Mrs Annie Johnson*
 Address, *No 710 Tyson St.*
 Remarks,



For each offense, to be recovered on other laws and regulations are also provided.

RETURN OF A BIRTH 922.34.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether male or female),

2. Race or Color (if not of the white race),

3. Date of Birth,

4. Place of Birth (Street and Number),

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

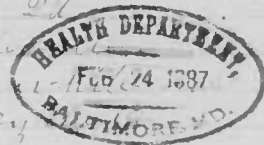
9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks,



February
part of Feb 24
Christiana Germany
white
Virginia
Hardy's Germany
laborer
Virginia
Elizabeth Kuhn
1214 N. 1st St.

for each office, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 922.35

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

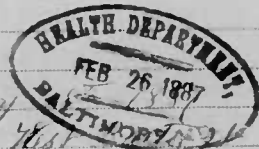
9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,



February

No. 38 1/2 (old) West

Carrie M. Brightman

" " " " " " " "

Balto.

William D. Brightman,

Writer

Balto.

J. Ridgway Andre' M.D.

121 E. Balto St

for each offence to be recovered as other laws and ordinances are recovered.

RETURN OF A BIRTH 92236.

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (~~state whether male~~ female)

2. Race or Color, (~~if not of the white~~)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who
makes this Report

Address,

Remarks,



Feb 19th
611 E. W. St.
Gillian Smith
Gillian Kirby
Baltimore
Charles Smith
Sturgeon
Baltimore
Geo. W. Burkman
1918. 10. Fayette St.
Child has disappeared Investigation
New York.

ENTER NAME ADDED 12-30-54
RETURN OF A BIRTH 92237.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Alberta Louise ----- *Engelhardt*
 No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *4th*

1. Sex (state whether male or female), *female*
2. Race or Color (if not of the white race), *White*
3. Date of Birth, *19 February 1887*
4. Place of Birth (Street and Number), *310 1/2 Eliot St*
5. Full Name of Mother, *Albertine Engelhardt*
6. Mother's Maiden Name, *Sallhoff*
7. Mother's Birthplace, *Colmersstein Westphalen*
8. Full Name of Father, *Heinrich Engelhardt*
9. Father's Occupation, *Labeln*
10. Father's Birthplace, *Wirminghausen Westprussen*

Name of Medical Attendant, or other person who makes this Return. *Mrs G. Weiss*

Address, *424 Lancaster St Canton*

Remarks,



RETURN OF A BIRTH *92238.*

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st child*

1. Sex (state whether male or female),

Male

2. Race or Color (if not of the white race),

White

3. Date of Birth,

19 of February

4. Place of Birth (Street and Number),

Baltimore 23 East Avenue

5. Full Name of Mother,

Mary W. Amey.

6. Mother's Maiden Name,

Dittz.

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

William E. Amey.

9. Father's Occupation,

Carter.

10. Father's Birthplace,

Baltimore.

Name of Medical Attendant,

or other person who makes this Return.

Mrs. Conway.

Address,

Remarks,



for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH ⁹²²³⁹

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

12th

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

19 Feb.

4. Place of Birth, (Street and Number)

398 E. Chase St

5. Full Name of Mother,

Philophena Koble

6. Mother's Maiden Name,

" Rupp

7. Mother's Birthplace,

Hanover Ger.

8. Full Name of Father,

Leonard Koble

9. Father's Occupation,

Printer

10. Father's Birthplace,

Bair Ger.

Name of Medical Attendant, or other Person who makes this Return.

Mrs Julia Green

Address,

940 N. Gay St

Remarks,



RETURN OF A BIRTH

92242

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female)

female

2. Race or Color, (if not of the white race)

3. Date of Birth,

Feb 19th 1887

4. Place of Birth, (Street and Number)

Baltimore City (No 724) Block 11

5. Full Name of Mother,

Katie C. Stump

6. Mother's Maiden Name,

Katie C. Paler

7. Mother's Birthplace,

Baltimore City

8. Full Name of Father,

John C. Stump

9. Father's Occupation,

Cooper

10. Father's Birthplace,

Baltimore City

Name of Medical Attendant, or other Person who makes this Return.

Miss M. Shaffer

No 1139 Ridgely St



Missing 92241

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether male or female),

2. Race or Color (if not of the white race),

3. Date of Birth,

4. Place of Birth (Street and Number),

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks,

BRIDGE
1st Child
Male
Feb 29 1898
108 Henrietta st
Anna Kandler
Kuffmann
Germany
Paul Kandler
Tailor
Germany
Johannes Michels
1032 Hunover st

See Register comply with the provisions of this section. A record of no other ages and forfeitures are recoverable

Missing [#] 92243 + [#] 92244,
incl.

RETURN OF A BIRTH 92245

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2
Male

● Sex (state whether male or female),

2. Race or Color (if not of the white race),

3. Date of Birth,

February 1988

4. Place of Birth (Street and Number),

No 58 Portland St.

5. Full Name of Mother,

Rosa West

6. Mother's Maiden Name,

Walcher

7. Mother's Birthplace,

Germany

8. Full Name of Father,

Sohn West

9. Father's Occupation,

Barkeeper

● Father's Birthplace,

Baltimore

Name of Medical Attendant, or other person who makes this Return.

Mrs. Louise Kraft

Address,

No 405 S. Washington St

Remarks,

who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

92246.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether male or female), *female*

2. Race or Color (if not of the white race),

3. Date of Birth,

4. Place of Birth (Street and Number),

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks,



Feb 19 4 1887

933 Beach st

Lizzy Wusbeck

Smith

John Wusbeck

Butter Dealer

City

Lizzy Bely

City

1744 Bank st

Who neglects to file this return for each offence, to be recovered as other fines and forfeitures are recoverable.

Printing by City Printers and Stationers.

RETURN OF A BIRTH ⁹²²⁴⁷

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) ⁴

● Sex (state whether male or female), *Female*

2. Race or Color (if not of the white race), *White*

3. Date of Birth, *Feb 19th 1887*

4. Place of Birth (Street and Number), *340 Town*

5. Full Name of Mother, *May Livingston*

6. Mother's Maiden Name, *" Ballard*

7. Mother's Birthplace, *Balt MD*

8. Full Name of Father, *Harry Livingston*

9. Father's Occupation, *Provision Dealer*

● Father's Birthplace, *Balt MD*

Name of Medical Attendant, or other person who makes this Return, *Mrs R. Whig*

Address, *302 Halland St*

Remarks,



for each offence, to be recovered as either fine and forfeitures are recoverable.

RETURN OF A BIRTH.

922 48.

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

Second

1. Sex (state whether Male or Female)

Male

2. Race or Color (if not of the white race)

White

3. Date of Birth

Feb 19th 1887

4. Place of Birth (Street and Number)

1404 E. Preston St.

5. Full Name of Mother

Louise Howard

6. Mother's Maiden Name

Louise Sanders

7. Mother's Birthplace

Frankford Kentucky

8. Full Name of Father

Geo. W. Howard

9. Father's Occupation

Garitor

10. Father's Birthplace

Baltimore City

Name of Medical Attendant, or other Person who
makes this Return.

A. G. Watson

Address

1301 N. Central Ave.

Remarks

RETURN OF A BIRTH ⁹²²⁴⁹

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *first*

1. Sex, (state whether male or female) *female*

2. Race or Color, (if not of the white race) *white*

3. Date of Birth, *19, February 1885*

4. Place of Birth, (Street and Number) *Beth abner*

5. Full Name of Mother, *May Ann. Alm*

6. Mother's Maiden Name, *May Ann. Lamm*

7. Mother's Birthplace, *Baltimore Md.*

8. Full Name of Father, *Frank mahn*

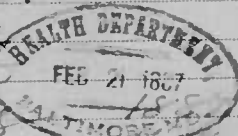
9. Father's Occupation, *brick*

10. Father's Birthplace, *Washington D.C.*

Name of Medical Attendant, or other Person who makes this Return. *Susan Shuster*

Address, *2123 W. Pappellon St.*

Remarks, *Died Feb 20th 1885*



RETURN OF A BIRTH 92250

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Na. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d

1. Sex (state whether male or female), Female,

2. Race or Color (if not of the white race), Colored,

3. Date of Birth, Feb 19, 1887.

4. Place of Birth (Street and Number), 54 Short St.

5. Full Name of Mother, Mary D. Jackson,

6. Mother's Maiden Name, Mary D. Williams,

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Jas. W. Jackson

9. Father's Occupation, Printer,

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks, In labor two hours.



J. W. Chambers
133 N. Egle St.

Who shall hereafter fail to comply with the provisions of this act, shall be liable for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 92251

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Fourth

1. Sex (state whether male or female),

Female

2. Race or Color (if not of the white race),

3. Date of Birth,

Feb 19

4. Place of Birth (Street and Number),

1604 Millington

5. Full Name of Mother,

Mary C. Schmitz

6. Mother's Maiden Name,

" " Cassidy

7. Mother's Birthplace,

Balto

8. Full Name of Father,

Theodore Schmitz

9. Father's Occupation,

Wagoner

10. Father's Birthplace,

Balto

Name of Medical Attendant, or other person who makes this Return.

Mrs Mary C. Allarce

Address,

912 McDonough St

Remarks,



for each office, to be recovered as other dues and forfeitures are recoverable.

RETURN OF A BIRTH 93252.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether male or female),
2. Race or Color (if not of the white race),
3. Date of Birth,
4. Place of Birth (Street and Number),
5. Full Name of Mother,
6. Mother's Maiden Name,
7. Mother's Birthplace,
8. Full Name of Father,
9. Father's Occupation,
10. Father's Birthplace,

Name of Medical Attendant. or other person who makes this Return.

Address,

Remarks,

4th
 HEALTH DEPARTMENT
 BALTIMORE, MD.
 FEBRUARY 9 1887
 1887
 No 206
 Bridget Ryan
 " Donnelly
 City
 Dr. Ryan
 Horseman
 City
 J. C. Burke M.D.
 511 Hanover St

SEE INSTRUCTIONS ON THE BACK OF CERTIFICATE
 WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth, stated

HEALTH DEPARTMENT—CITY OF BALTIMORE CERTIFICATE OF BIRTH

(1) PLACE OF BIRTH

CITY OF BALTIMORE

Registered No.

7-30

(No. 20 E. York Street

St. 1 Ward

(2) FULL NAME OF CHILD. Helen M. Ryan

If child is not yet named, make supplemental report, as directed

(3) Sex of Child
 F.

(4) Twin, triplet, or other?

(5) Number to order of birth

(6) Legitimate? Yes

(7) Date of Birth. Feb. 19 18
 (Month) (Day) (Year)

FATHER

(8) FULL NAME Joseph J. Ryan

(9) RESIDENCE 20 E. York Street

(10) COLOR W.

(11) AGE AT LAST BIRTHDAY 31 (Years)

(12) BIRTHPLACE Baltimore, Md.

(13) OCCUPATION Head Blacksmithing Dept. United Ways.

(20) Number of children born to this mother, including present birth 4

MOTHER

(14) FULL MAIDEN NAME Bridget A. Donnelly

(15) RESIDENCE 20 E. York Street

(16) COLOR W.

(17) AGE AT LAST BIRTHDAY 25- (Years)

(18) BIRTHPLACE Baltimore, Md.

(19) OCCUPATION H. W.

(21) Number of children of this mother now living 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 8 o'clock, M. on the date above stated.

*When there was no attending physician or midwife then the father, householder, etc., should make the return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(24) Given name added from a supplemental report.

Address.

father. Physician or Midwife

RECEIVED MAY 7 1927

Registrar

RETURN OF A BIRTH 722 63

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex, (state whether male or female) male

2. Race or Color, (if not of the white race) white

3. Date of Birth, Feb. 14th 1887

4. Place of Birth, (Street and Number) 521 S. Anne St.

5. Full Name of Mother, Laura Buck

6. Mother's Maiden Name,

7. Mother's Birthplace, Baltimore

8. Full Name of Father, John Buck

9. Father's Occupation, Saloon Keeper

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return, A. C. Rosenkrantz

Address, 122 S. E. 1st St.

Remarks,



for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

92254

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)



● Sex (state whether male or female),

2. Race or Color (if not of the white race),

3. Date of Birth,

4. Place of Birth (Street and Number),

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

● Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks,

Sun
Mar 19
108 Vincent St.
Sarah Jane Mitchell

Sarah Jane Mitchell

md

Andrew White

Laborer

Balto md

John Woodland

16 Bond St

who shall be liable for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

3

Sex, (state whether male or female)

male

Race or Color, (if not of the white race)

Date of Birth

17 February

Place of Birth, (Street and Number)

Preston street near Charles street

Full Name of Mother

Dolly Stahl

Mother's Maiden Name

Smith

Mother's Birthplace

Ball. Miss

Full Name of Father

Frank Smith

Father's Occupation

millen

Father's Birthplace

Ball. Miss

Name of Medical Attendant, or other Person who makes this Return

Dr. Haller

Address

1249 E. Seager street

Remarks



RETURN OF A BIRTH.

92256.

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *First*
1. Sex (state whether male or female) *Male*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *February 19th 1887*
4. Place of Birth (Street and Number) *1313 E. Pratt St.*
5. Full Name of Mother *Mary Hill*
6. Mother's Maiden Name *Mary Reiley*
7. Mother's Birthplace *Ireland*
8. Full Name of Father *Martin Hill*
9. Father's Occupation *Driver*
10. Father's Birthplace *Maryland*
- Name of Medical Attendant, or other Person who makes this Return. *Geo. S. Lynch M.D.,*
44 S. Broadway
- Address
- Remarks. *8 months. not well developed. Will probably die*



RETURN OF A BIRTH ^{92257.}

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st*

Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name.

7. Mother's Birthplace,

8. Full Name of Father,

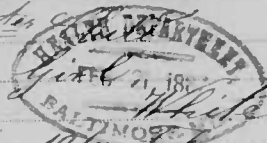
9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,



geboren den 19ten Februar

Nr 417. Carnoel Str

Rose Röhlj

Rose Ecksträfer

Baltimore

Adam Röhlj

Labor

Baltimore

Friederike Kaufmann

Nr 517. S. Dullors Str

Hebammen

RETURN OF A BIRTH

92258

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

4th

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Feb. 19 / 87

4. Place of Birth, (Street and Number)

723 Hanover St.

5. Full Name of Mother,

Mary E. Tillson

6. Mother's Maiden Name,

Mary E. Moffitt

7. Mother's Birthplace,

Pennsylvania

8. Full Name of Father,

Henry H. Tillson Jr.

9. Father's Occupation,

Maritime Sailing

10. Father's Birthplace,

Richmond Va.

Name of Medical Attendant, or other Person who makes this Return

L. B. Paetzler

Address,

1124 Grand Hill Ave

Remarks,



RETURN OF A BIRTH *92259.*

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *3*

● Sex (state whether male or female),

Female

2. Race or Color (if not of the white race),

3. Date of Birth, ..

19 February

4. Place of Birth (Street and Number),

142 E. Lombard

5. Full Name of Mother,

Lena Hetro

6. Mother's Maiden Name,

Seibert

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Charles Hetro

9. Father's Occupation,

Lamp-lighter

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other person who makes this Return.

Sarah Casper

Address,

1016 E. Lombard

Remarks,

For each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 92260

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

☒ Sex (state whether male or female),

Female

2. Race or Color (if not of the white race),

3. Date of Birth,...

19 February

4. Place of Birth (Street and Number),

14 22 Bank Street

5. Full Name of Mother,

Caroline Oscar

6. Mother's Maiden Name,

Geir

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

John Oscar

9. Father's Occupation,

Wagon-driver

☒ Father's Birthplace,

Baltimore

Name of Medical Attendant, or other person who makes this Return.

Sarah Gayfer

Address,

22.1016 E. Lombard

Remarks,

for each offence, to be recovered, as other fines and forfeitures are recoverable.

RETURN OF A BIRTH ⁹²²⁶¹

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

● Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race)

3. Date of Birth, February 19 1887

4. Place of Birth, (Street and Number) Sumner St. 112

5. Full Name of Mother, Theresa Burns

6. Mother's Maiden Name, Theresa Byrne

7. Mother's Birthplace, Baltimore

8. Full Name of Father, William Burns

9. Father's Occupation, Work

● Father's Birthplace, Ireland

Name of Medical Attendant, or other Person who makes this Return, James D. McKee M.D.

Address, Calder St. 112

Remarks,

or persons who cause or procure the same to be recorded as other files and forfeitures are recoverable.

RETURN OF A BIRTH.

92262.

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

1. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2. Sex (state whether Male or Female)

3. Race or Color (if not of the white race)

4. Date of Birth

5. Place of Birth (Street and Number)

6. Full Name of Mother

7. Mother's Maiden Name

8. Mother's Birthplace

9. Full Name of Father

10. Father's Occupation

11. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks



Second

Male - William

White

Feb. 19/87

67 Graham Ave.

Kate A. Rider

Baltimore

Balto.

Edw. B. Rider

Physician

Balto. Co.

Edw. B. Rider

867 Graham Ave.

Full given name added by father upon applying for a transcript.
Wm B Rider, Father
L E Helm, Birth Index Clerk

RETURN OF A BIRTH

933 63.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex (state whether male or female),

Male

2. Race or Color (if not of the white race),

3. Date of Birth,

19 February

4. Place of Birth (Street and Number),

320 Frederick

5. Full Name of Mother,

Mary Smith

6. Mother's Maiden Name,

Shoeman

7. Mother's Birthplace,

England

8. Full Name of Father,

William Smith

9. Father's Occupation,

Police-officer

10. Father's Birthplace,

Baltimore

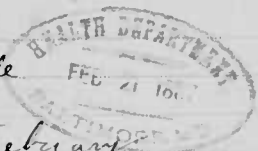
Name of Medical Attendant, or other person who makes this Return.

Sarah Casper

Address,

2016 E. Lombard

Remarks,



for each officer, to be recovered as other fees and forfeitures are recovered.

RETURN OF A BIRTH 92264.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

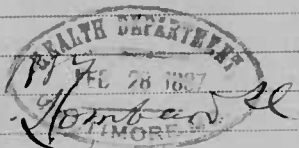
10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,

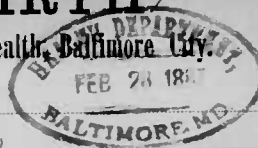
White
Feb 19: 1897
1603 to Lombard St
Florence Crim
Mercer
Baltimore
Harry B. Crim
Machinist
Baltimore Md
Dr. J. S. [unclear]
155 W. Lombard St



RETURN OF A BIRTH

92265

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2d

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

Colored

3. Date of Birth,

Feb 19th 1887

4. Place of Birth, (Street and Number)

Vincent Avenue

5. Full Name of Mother,

Maggie Bunt

6. Mother's Maiden Name,

Virginia

7. Mother's Birthplace,

Frank Anderson

8. Full Name of Father,

Hod carrier

9. Father's Occupation,

Baltimore

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Sarah Rollins

Address,

Remarks,

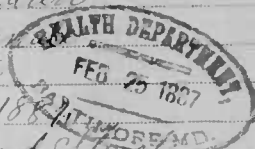
for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

92266

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *3 children*
1. Sex, (state whether male or female) *Female*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *February 19, 1887*
4. Place of Birth, (Street and Number) *113 Lombard Street*
5. Full Name of Mother, *Mary Gertrude Pasterfield*
6. Mother's Maiden Name, *Mary Gertrude Hadron*
7. Mother's Birthplace, *Baltimore*
8. Full Name of Father, *William Henry Pasterfield*
9. Father's Occupation, *German*
10. Father's Birthplace, *Baltimore*
- Name of Medical Attendant, or other Person who makes this Return, *Juan Morgan*
- Address, *1047 N. Hurham Street*
- Remarks,



RETURN OF A BIRTH 92267

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, Feb 29 1887

4. Place of Birth, (Street and Number) 728 Luzerne St.

5. Full Name of Mother, Bridget Mc Kay

6. Mother's Maiden Name, Bridget Kiggan

7. Mother's Birthplace, Balla

8. Full Name of Father, George Mc Kay

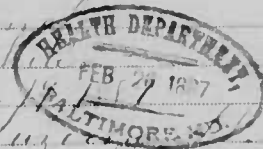
9. Father's Occupation, Water

10. Father's Birthplace, Ireland

Name of Medical Attendant, or other Person who makes this Return, Mary L. Sullivan

Address, 728 Luzerne St.

Remarks,



or persons who shall knowingly and to some extent, make the same, shall be liable to a fine of not more than \$100, and for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 95568

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *First*

1. Sex, (state whether male or female) *Female*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth. *Feb 24 1858*

4. Place of Birth, (Street and Number) *15-32 McEldredge St*

5. Full Name of Mother, *Maggie M. Daniels*

6. Mother's Maiden Name, *Lamison*

7. Mother's Birthplace, *Balto Md*

8. Full Name of Father, *William J Daniels*

9. Father's Occupation, *Car Driver*

10. Father's Birthplace, *Balto Md*

Name of Medical Attendant, or other Person who makes this Return *James E. Whiteford*

Address, *819 Argonne St*

Remarks.

any person or persons who shall hereinafter fail to comply with the provisions of this act, shall be liable to a fine of ten dollars for each offense, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH

92269

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Third

1. Sex, (state whether male or female)

Girl

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

20th February (87)

4. Place of Birth, (Street and Number)

2808

O'Connell St

5. Full Name of Mother,

Anna Martha Ackerman

6. Mother's Maiden Name,

Anna Martha Raubert

7. Mother's Birthplace,

Germany

8. Full Name of Father,

Julius Frederick Ackermann

9. Father's Occupation,

Laborer

10. Father's Birthplace,

Germany

Name of Medical Attendant, or other Person who makes this Return.

Pauline Learsseman

Address,

Home 1225 Elliott St Hare St.

Remarks,

None

for each office to be recovered as other dues and forfeitures are recoverable.

RETURN OF A BIRTH 9.2.2'70.

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Sex, (state whether male or female)

Race or Color, (if not of the white race)

Date of Birth,

Place of Birth, (Street and Number)

Full Name of Mother,

Mother's Maiden Name,

Mother's Birthplace,

Full Name of Father,

Father's Occupation,

Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks,

first
Malcolm
White
20th Feb 1887
760
Baltimore
Maryland

Edmund
J. Welch
Baltimore
Edw J. Welch
707 N. Lombard St

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

11. Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,



J. B. Britton, M.D.
124 Broadway

RETURN OF A BIRTH. 92372.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 6th *Ella Marie Dorsey*

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth February, 20th 1887.

4. Place of Birth, (Street and Number) 1107 Orlean St.

5. Full Name of Mother, Mary Dorsey

6. Mother's Maiden Name, Mary Laughlin

7. Mother's Birthplace, England.

8. Full Name of Father, Edward Dorsey

9. Father's Occupation, Painter

10. Father's Birthplace, Baltimore, Md.

Name of Medical Attendant, or other Person who makes this Return.

Address, 439 N. Central Ave.

Remarks, **GIVEN NAME ADDED.** 4-28-52

L.M.



RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

Sex (state whether male or female), Male

2. Race or Color (if not of the white race),

3. Date of Birth, 26th February 1897

4. Place of Birth (Street and Number), 1024 Ridgely St

5. Full Name of Mother, Mary Onnen

6. Mother's Maiden Name, Mary Marr

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Arnold M. Onnen

9. Father's Occupation, Druggist

10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Miss Hunt

Address, 2000 Leadenhall St.

Remarks,



RETURN OF A BIRTH 92294.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

Sex (state whether male or female), Male

2. Race or Color (if not of the white race),

3. Date of Birth, 11.6.20 1887

4. Place of Birth (Street and Number), 2434 Chapin

5. Full Name of Mother, Eva Greensfelder

6. Mother's Maiden Name, Schmidt

7. Mother's Birthplace, Germany

8. Full Name of Father, Karl Greensfelder

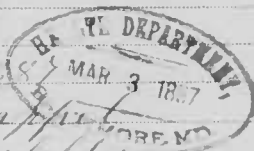
9. Father's Occupation, Baker

10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Mary Stein

Address, 1427 E. Pratt St.

Remarks,



RETURN OF A BIRTH.

923751

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether Male or Female) *Male*

2. Race or Color (if not of the white race)

Colored

3. Date of Birth

Feb. 20 1887

4. Place of Birth (Street and Number)

5. Full Name of Mother

Martina Dorsey

6. Mother's Maiden Name

Martina Manot

7. Mother's Birthplace

Dorchester County, Md.

8. Full Name of Father

Nelson Dorsey

9. Father's Occupation

Brick maker

10. Father's Birthplace

Baltimore, Md.

Name of Medical Attendant, or other Person who makes this Return

Declarator Ann Howard

Address

421 E. Duncans. City

Remarks

RETURN OF A BIRTH 92246.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether male or female), Male

2. Race or Color (if not of the white race), White

3. Date of Birth, Feb 20, 1887

4. Place of Birth (Street and Number), 734 S. Bond St.

5. Full Name of Mother, Kate Konder.

6. Mother's Maiden Name, Kate Gutz

7. Mother's Birthplace, Germany

8. Full Name of Father, Albert Konder.

9. Father's Occupation, Carpenter

10. Father's Birthplace, America

Name of Medical Attendant, or other person who makes this Return, Mrs. Mary Amund

Address, 170 South Wolfe St.

Remarks,



For each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH ⁹²²⁷⁷

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Female* ⁴¹⁵

1. Sex, (state whether male or female) *male*

2. Race or Color, (if not of the white race) *Colored*

3. Date of Birth, *Dec 20*

4. Place of Birth, (Street and Number) *Pim alley 45*

5. Full Name of Mother, *Amanda Magray*

6. Mother's Maiden Name, *Magray*

7. Mother's Birthplace, *Baltimore*

8. Full Name of Father, *Baldwin Wm Bardley*

9. Father's Occupation, *Laborer*

10. Father's Birthplace, *Baltimore*

Name of Medical Attendant, or other Person who makes this Return *More Thompson*

Address, *26 Gaspiere St*

Remarks,



Any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offense, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH 93378

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race)

3. Date of Birth,

July 20/87

4. Place of Birth, (Street and Number)

1027 Santiago

5. Full Name of Mother,

Minnie R Bailey

6. Mother's Maiden Name,

Mundie

7. Mother's Birthplace,

Virginia

8. Full Name of Father,

Wm H Bailey

9. Father's Occupation,

Painter

10. Father's Birthplace,

VA

Name of Medical Attendant, or other Person who makes this Return

Dr D Blake

Address,

602 S. P. R. 2nd

Remarks,

of persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other laws and forfeitures are recoverable.

RETURN OF A BIRTH

92280

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2th Child

Sex. (state whether male or female)



2. Race or Color, (if not of the white race)

3. Date of Birth,

20th Feb 1887

4. Place of Birth, (Street and Number)

Carroll St No 1318

5. Full Name of Mother,

Henri Blumka

6. Mother's Maiden Name,

~~Henry~~ Kowack

7. Mother's Birthplace,

Prusen Prov Posen

8. Full Name of Father,

Christof Blumka

9. Father's Occupation,

Heretore

Father's Birthplace,

Russland

Name of Medical Attendant, or other Person who makes this Return.

Lizzie Knauffler

Address,

Fort Ave No 1718

Remarks,

Baltimore Md.

RETURN OF A BIRTH

95381

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) /

☒ Sex (state whether male or female),

Male

2. Race or Color (if not of the white race),

3. Date of Birth,

20 February

FEB 21 1887

4. Place of Birth (Street and Number),

800 Lombard Street

5. Full Name of Mother,

Henrietta Wicks

6. Mother's Maiden Name,

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

9. Father's Occupation,

☒ Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return.

Sarah Casper

Address,

1016 72 E. Lombard

Remarks,

For each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH ⁹³²⁸²

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (~~state whether 1st, 2d, 3d, &c.~~)

1. Sex, (~~state whether male or female~~)

2. Race or Color, (~~if not of the white race~~)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,



July 20th 1887, 1 A.M.

1017 Argyle Ave

Alice Tucker

" Rusting

Maryland

James Tucker

Tailor - Cutter

Maryland

Dr. J. P. H. H. H. H. H.

1102 E Baltimore St.

or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 923.83

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) W.

3. Date of Birth, Feb. 29 / 1901

4. Place of Birth, (Street and Number) 125 Hamilton

5. Full Name of Mother, Etta C. Pratt

6. Mother's Maiden Name, " " Williams

7. Mother's Birthplace, Manchester, Eng.

8. Full Name of Father, Henry C. Pratt

9. Father's Occupation, Actor

10. Father's Birthplace, Brooklyn N.Y.

Name of Medical Attendant, or other Person who makes this Return, J. L. Winston

Address, J. M. C.

Remarks,

For each addition to be recovered as other rates and forfeitures are recoverable.

RETURN OF A BIRTH *92784*

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *3d*

1. Sex, (state whether male or female) *Female*

2. Race or Color, (if not of the white race) *Colored*

3. Date of Birth, *Feb 20th 1884*

4. Place of Birth, (Street and Number) *No 197 Bolton Alley*

5. Full Name of Mother, *Jane Griffie*

6. Mother's Maiden Name, *Talbot County*

7. Mother's Birthplace, *Daniel Griffie*

8. Full Name of Father, *Butcher*

9. Father's Occupation, *Baltimore*

10. Father's Birthplace, *Sarah Rollins*

Name of Medical Attendant, or other Person who makes this Return, *Sarah Rollins*

Address, _____

Remarks, _____



Persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 9228.S.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd
- Sex (state whether male or female), male
2. Race or Color (if not of the white race), Colored
3. Date of Birth, Feb. 26th
4. Place of Birth (Street and Number), 548 Oxford St.
5. Full Name of Mother, Emma Marshall.
6. Mother's Maiden Name,
7. Mother's Birthplace, Baltimore City
8. Full Name of Father, John Thomas
9. Father's Occupation, Painter
10. Father's Birthplace, Baltimore City
- Name of Medical Attendant, or other person who makes this Return, Mrs. Anna Johnson
- Address, 710 Lysons Street
- Remarks,



who, when hereafter laid to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH *92286*

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *5th*

Sex, (state whether male or female) *female*

2. Race or Color, (if not of the white race) *white*

3. Date of Birth, *20th Feb. 1887*

4. Place of Birth, (Street and Number) *17 Jefferson St.*

5. Full Name of Mother, *Anna Hitch*

6. Mother's Maiden Name, _____

7. Mother's Birthplace, *Baltimore*

8. Full Name of Father, *John Hitch*

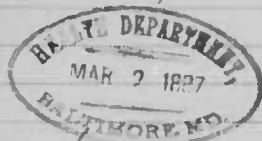
9. Father's Occupation, *Printer*

10. Father's Birthplace, *Baltimore*

Name of Medical Attendant, or other Person who makes this Return.

Address, *122 S. Calver St.*

Remarks, _____



For persons who make a false statement or who fail to comply with the provisions of this section, and be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

92287

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race)

White

3. Date of Birth

~~Feb~~ 20 Feb.

4. Place of Birth (Street and Number)

2228 Fair Mount av

5. Full Name of Mother

Mrs. Emily G. Fargely

6. Mother's Maiden Name

Miss G. Fargely

7. Mother's Birthplace

St. Mary County Maryland

8. Full Name of Father

George Fargely

Father's Occupation

Sea Captain

10. Father's Birthplace

Baltimore

Name of Medical Attendant, or other Person who makes this Return.

Dr. H. H. H. H.

Address

209 Disgust St.

Remarks

RETURN OF A BIRTH 92288

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Female 6

1. Sex (state whether male or female),

2. Race or Color (if not of the white race),

3. Date of Birth,

4. Place of Birth (Street and Number),

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks,



Color
February 21
No 1117 Morris
Henrietta Shipley
Henrietta Squist
Baltimore County
Charles Shipley
Laborer
Baltimore Maryland
Marian Mason
No 537 Walnut Alley

who shall hereafter and in conformity with the provisions of this section shall be subjected to the fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH ⁹²²⁸⁹

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1 Child
1. Sex, (state whether male or female) White Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Jan 20th / 1887
4. Place of Birth, (Street and Number) Balt City. St. 2029
5. Full Name of Mother, Maggie Seiglein
6. Mother's Maiden Name, 11 Ziler
7. Mother's Birthplace, Berlin Germania
8. Full Name of Father, George Seiglein
9. Father's Occupation, Whisky Business
10. Father's Birthplace, Berlin Germania

Name of Medical Attendant, or other Person who makes this Return.

Address, _____

Remarks, _____

for each offence to be recovered as other lines and for cures are recoverable.

RETURN OF A BIRTH 92290

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

5th child

1. Sex, (state whether male or female)

female

2. Race or Color, (if not of the white race)

white

3. Date of Birth,

February



4. Place of Birth, (Street and Number)

1611 Cole St

5. Full Name of Mother,

Mary J. Schmidt

6. Mother's Maiden Name,

Mary J. Keenan

7. Mother's Birthplace,

Baltimore Md

8. Full Name of Father,

John M. Schmidt

9. Father's Occupation,

Driver

10. Father's Birthplace,

Baltimore MD

Name of Medical Attendant, or other Person who makes this Return.

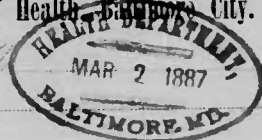
Mary E. Kranning

Address,

Remarks,

RETURN OF A BIRTH ⁹²²⁹¹

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st*

1. Sex, (state whether male or female) *female*

2. Race or Color, (if not of the white race) *white*

3. Date of Birth, *20th of February 1887*

4. Place of Birth, (Street and Number) *West 109*

5. Full Name of Mother, *Augusta Fogg*

6. Mother's Maiden Name, *Augusta Fogg*

7. Mother's Birthplace, *Hopkirk, Westchester*

8. Full Name of Father, *Gustav Fogg*

9. Father's Occupation, *Ironmaker*

10. Father's Birthplace, *Hopkirk, Westchester*

Name of Medical Attendant, or other Person who makes this Return, *Dr. Reinhold*

Address, *120 N Howard Street*

Remarks,

RETURN OF A BIRTH 92392.1

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Edward Richard Price
No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *3*

1. Sex, (state whether male or female)

Male
White
HEALTH DEPARTMENT
MAR 9 1887

2. Race or Color, (if not of the white race)

3. Date of Birth,

FEB. 20 1884

4. Place of Birth, (Street and Number)

1223 Linden Ave.

5. Full Name of Mother,

Florence Price

6. Mother's Maiden Name,

Florence Hermann

7. Mother's Birthplace,

Powell City

8. Full Name of Father,

Frank Price

9. Father's Occupation,

Common Merchant

Father's Birthplace,

Balt

Name of Medical Attendant, or other Person who makes this Return.

A. B. Stewart

Address,

Remarks,

GIVEN NAME ADDED. 11-10-52

RETURN OF A BIRTH ⁹²¹²⁹³

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

3d

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Feb'y 20/87

4. Place of Birth, (Street and Number)

N. E. Cor. Fremont & Franklin Sts.

5. Full Name of Mother,

Elizabeth Boutz

6. Mother's Maiden Name,

Shultz.

7. Mother's Birthplace,

Balt.

8. Full Name of Father,

George C. Boutz

9. Father's Occupation,

Livery Stable Keeper

10. Father's Birthplace,

Balt.

Name of Medical Attendant, or other Person who makes this Return.

Thomas Opie M.D.

Address,

600 N. Howard St.

Remarks,



for each offence to be recovered as other laws and ordinances are recoverable.

RETURN OF A BIRTH ⁹³²⁹⁴

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) ⁷

Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

3. Date of Birth,

Feb 20 1887

4. Place of Birth, (Street and Number)

1620 Walker St

5. Full Name of Mother,

Mary Stein

6. Mother's Maiden Name,

Feltman

7. Mother's Birthplace,

Germany

8. Full Name of Father,

John Stein

9. Father's Occupation,

Tailor

10. Father's Birthplace,

Germany

Name of Medical Attendant, or other Person who makes this Return

Caroline Miller

Address, 5 Walker St. Balto. Md.

Remarks,



for each offense to be returned as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 922 98

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *4th*

1. Sex, (state whether male or female) *female*

2. Race or Color, (if not of the white race) *colored*

3. Date of Birth, *Feb. 20, 1887*

4. Place of Birth, (Street and Number) *234 Baitel*

5. Full Name of Mother, *Nellie Wilson*

6. Mother's Maiden Name, *Nellie Johnson*

7. Mother's Birthplace, *Pennsylvania*

8. Full Name of Father, *William Wilson*

9. Father's Occupation, *Mad. carrier*

10. Father's Birthplace, *Virginia*

Name of Medical Attendant, or other Person who makes this Return, *Mary L. Mayne*

Address, *24 Luzerne St.*

Remarks,



No person who shall neglect or refuse to comply with the provisions of this section, shall be subjected to the fine of ten (\$10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH ⁹³²⁹⁶

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 12th

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, Feb 26 1897

4. Place of Birth, (Street and Number) 308 Penn St

5. Full Name of Mother, Mary Gerrill

6. Mother's Maiden Name, Mrs. Hines

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Robert G. Gerrill

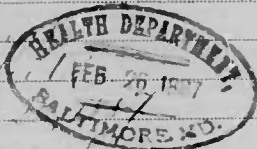
9. Father's Occupation, Business

10. Father's Birthplace, Balt.

Name of Medical Attendant, or other Person who makes this Return, Mary L. Sawyer

Address, 216 Superior St.

Remarks,



RETURN OF A BIRTH

92394

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Second

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

Free

3. Date of Birth,

4. Place of Birth, (Street and Number)

205 Pearl St. Balt. City

5. Full Name of Mother,

Mrs. E. G. Gipplett

6. Mother's Maiden Name,

Green

7. Mother's Birthplace,

Harrisonville Balto. County

8. Full Name of Father,

Thomas J. Gipplett

9. Father's Occupation,

Paper Maker

10. Father's Birthplace,

Reisterstown Balto. Co.

Name of Medical Attendant, or other Person who makes this Return.

Mrs. W. M. Munnell

Address,

10. Pearl St.

Remarks,



report its birth to the Registrar of Vital Statistics, Baltimore City, and any child born to a woman who shall hereafter fail to comply with the provisions of this Act, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other laws and regulations are recoverable.

RETURN OF A BIRTH 93398.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

● Sex, (state whether male or female) _____

2. Race or Color, (if not of the white race) White

3. Date of Birth, Feb 21st 1887

4. Place of Birth, (Street and Number) old 34 Lemon

5. Full Name of Mother, Maggie Ecker

6. Mother's Maiden Name, Jahey

7. Mother's Birthplace, Ireland

8. Full Name of Father, Adam Ecker

9. Father's Occupation, Distiller of Liquors

10. Father's Birthplace, Cumberland Md

Name of Medical Attendant, or other Person who makes this Return.

Address, 805 W. Lombard

Remarks, _____



RETURN OF A BIRTH

92199

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2nd

Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

3. Date of Birth,

Feb 21st 1887

4. Place of Birth, (Street and Number)

1510 Eastern

5. Full Name of Mother,

Lupia Sacks

6. Mother's Maiden Name,

Annie Martz

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

John Sacks

9. Father's Occupation,

Carver & Excavating Co

10. Father's Birthplace,

Baltimore

Name of Medical Attendant,

or other Person who makes this Return

Dr. Reynolds M.D.

Address,

711 N. Calvert St Baltimore

Remarks,



Let each of these be filled out by the Registrar of Vital Statistics, Baltimore City, and the Registrar of Vital Statistics, Baltimore County, and the Registrar of Vital Statistics, Baltimore City and County.

RETURN OF A BIRTH 92300

of Registrar of Vital Statistics, Board of Health, Baltimore City

other, (state whether ☒ M, 2d, ☒ &c.)

or male ☒ or female

Female

not of the white race)

February 21st 1887-

Street and Number)

The Alliance Co. Cathedral Richmond

other,

Eliza Yates Crump

Name,

Eliza Yates Withers

age,

Howard County, Md.

father,

Samuel M. Crump

son,

Farmer

age,

Howard County Md.

Attendant, or other Person who makes this Return.

W. T. Hornum, M.D.

4, Madison Ave



RETURN OF A BIRTH.

GIVEN NAME ADDED 4-11-89

92301.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY

Name: Elizabeth Henderson Cockhill

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race)

3. Date of Birth

4. Place of Birth (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

Female.
White
21st Feb '87



319 E. Townsend
Lizzie C. Cockhill

Balto City
Jos. M. Cockhill, M.D.
M.D.

Balto City
Jos. M. Cockhill, M.D.
319 E. Townsend St.
Balto City

RETURN OF A BIRTH 92309

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

● Sex (state whether male or female),

2. Race or Color (if not of the white race),

3. Date of Birth,

4. Place of Birth (Street and Number),

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

● Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks,



4th
 Incl
 Colored
 Feb 21st
 1118 Little Madison street
 Sarah Scott
 Sarah Davis
 Belts md
 George Scott
 Laborer
 Washington D.C.
 Hester Colance
 434 W. Monument street

RETURN OF A BIRTH 92303.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether male or female),

2. Race or Color (if not of the white race),

3. Date of Birth,

4. Place of Birth (Street and Number),

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks,



21 February 1897

Baltimore, from 844 16

Dora Kammer

Irma Lietz

Baltimore

Charles Kammer

Farmer

Germany

Miss Hensch

No see Head at all

RETURN OF A BIRTH 92304.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

Sex, (state whether male or female) female

2. Race or Color, (if not of the white race) white

3. Date of Birth, Feb. 21st 1887

4. Place of Birth, (Street and Number) High St.

5. Full Name of Mother, Fredericke Bernstein

6. Mother's Maiden Name,

7. Mother's Birthplace, Europe

8. Full Name of Father, David Bernstein

9. Father's Occupation, Tailor

10. Father's Birthplace, Europe

Name of Medical Attendant, or other Person who makes this Return.

Address, 122 S. Euter St.

Remarks,



RETURN OF A BIRTH 91315 (ma)

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name of child: *Henry William Wehrheim*
No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

5th Child

Sex (state whether male or female),

Little Boy

2. Race or Color (if not of the white race),

White

3. Date of Birth,

Born 21st FEB 1887

4. Place of Birth (Street and Number),

No 2222 Annetrich ave

5. Full Name of Mother,

Mrs. L. J. Schick

6. Mother's Maiden Name,

Min. L. J. Schick

7. Mother's Birthplace,

Born Baltimore

8. Full Name of Father,

Mr. George Wehrheim

9. Father's Occupation,

Tinner

10. Father's Birthplace,

Horn Darmstadt

Name of Medical Attendant, or other person who makes this Return.

Wm. Miller

Address,

2222 Annetrich ave

Remarks,

RETURN OF A BIRTH ⁷³³⁰⁶

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth.

4. Place of Birth, (Street and Number)

5. Full Name of Mother.

6. Mother's Maiden Name.

7. Mother's Birthplace.

8. Full Name of Father.

9. Father's Occupation.

10. Father's Birthplace.

Name of Medical Attendant, or other Person who makes this Return

Address.

Remarks.

Female
White

Feb. 27th

1907

919 Fawcett St.

Elizabeth Fisher

Yang

Baltimore

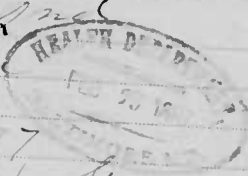
James C. Fisher

Insurance Manager

England

W. B. Schueth M. D.

733 N. Broadway



RETURN OF A BIRTH *9-23-07*

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st*

● Sex (state whether male or female), *Female*

2. Race or Color (if not of the white race), *White*

3. Date of Birth, *Feb 25 1887*

4. Place of Birth (Street and Number), *123 South St*

5. Full Name of Mother, *Mary Raulson*

6. Mother's Maiden Name, *Mary Rosb...*

7. Mother's Birthplace, *Germany*

8. Full Name of Father, *John Raulson*

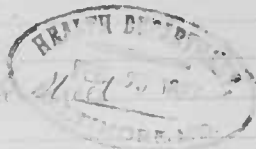
9. Father's Occupation, *Carpenter*

● Father's Birthplace, *Germany*

Name of Medical Attendant, *or other person who makes this Return.*

Address, *110 South Main St*

Remarks, *(110)*



The facts provided in this return will be subject to the fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

91308

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. *1* Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female) .

Male

2. Race or Color, (if not of the white race) .

W.

3. Date of Birth,

February 21 - 1891
9:06 A.M.
Franklin Carter

4. Place of Birth, (Street and Number)

Franklin Carter
Baltimore City

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

Franklin Carter
Builder
Balt. Co. Md.

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return

H. P. Reynolds M.D.
722 Wisconsin

Address,

Remarks,

Unclaimed

RETURN OF A BIRTH

GIVEN NAME ADDED 8-15-56

92309

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Clarence Norman Kessler*

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *Feb 21 - 1887*

4. Place of Birth, (Street and Number) *Baltimore #1018 Lexington St*

5. Full Name of Mother, *Margilla Babbie Kessler*

6. Mother's Maiden Name, *Kelly*

7. Mother's Birthplace, *Baltimore*

8. Full Name of Father, *William Levi Clinton Kessler*

9. Father's Occupation, *Foreman*

10. Father's Birthplace, *Baltimore*

Name of Medical Attendant, or other Person who makes this Return. *Miss Hunter*

Address, *21, 23 Poppleton St*

Remarks,



RETURN OF A BIRTH ⁹²³¹⁰

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st*

Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *April 11 1897*

4. Place of Birth, (Street and Number) *3rd St. Baltimore*

5. Full Name of Mother, *Annie Clary*

6. Mother's Maiden Name, *Annie Macarty*

7. Mother's Birthplace, *Ireland*

8. Full Name of Father, *Michael Clary*

9. Father's Occupation, *Painter*

Father's Birthplace, *Ireland*

Name of Medical Attendant, *C. Mitchell*
or other Person who makes this Return.

Address, *Columbia Ave. 411*

Remarks,

for each offense to be recovered as other laws and ordinances are recoverable.

RETURN OF A BIRTH 92311.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name of child, *Dorothy Marie Hanson*

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *4*

☒ Sex, (state whether male or female) *Girl*

2. Race or Color, (if not of the white race) *---*

3. Date of Birth, *February 21*

4. Place of Birth, (Street and Number) *old no. 42 block*

5. Full Name of Mother, *Anne Hanson*

6. Mother's Maiden Name, *Anne Margrath Margrath*

7. Mother's Birthplace, *Baltimore*

8. Full Name of Father, *Charles Hanson*

9. Father's Occupation, *Tarson Keeper*

☒ Father's Birthplace, *Stern Weigh*

Name of Medical Attendant, or other Person who makes this Return, *Midwife*

Address, *Mrs Louisa Smith*

Remarks, *Child & name of Anne Marie Hanson*



for each offense to be recovered as other laws and forfeitures are recoverable.

RETURN OF A BIRTH 92312

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. ☒ Child of Mother, (state whether 1st, 2d, 3d, &c.)

6th



1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

Colored

3. Date of Birth,

February

21st

1887

4. Place of Birth, (Street and Number)

Rere of Patterson park W

5. Full Name of Mother.

6. Mother's Maiden Name,

Sarah Kain

7. Mother's Birthplace,

Baltimore MD

8. Full Name of Father,

Asbury Kain

9. Father's Occupation,

Caulker

10. Father's Birthplace,

Cambridge Dorchester Co

Name of Medical Attendant, or other Person who makes this Return

Henrietta A. Glasgow

Address.

Maldenry St - No 2327 near Bank St -

Remarks.

1. Sex. *Male* No. of Child of Mother. *3*

2. Race or Color. *White*

3. Date. *Feb 21*

4. Place of Birth. *1220 W. 4th St*

5. Full Name of Mother. *Margaret Dantelle*

6. Mother's Maiden Name. *Rice*

7. Mother's Birthplace. *Baltimore*

8. Full Name of Father. *William H. Dantelle*

9. Father's Occupation. *Inspector*

10. Father's Birthplace. *Baltimore*

Mrs. Mary Kearney
112 Pratt St

OF A BIRTH *92313*
al Statistics, Board of Health, Baltimore City.

st, 2d, 3d, &c.)

age).



son who
Return.

RETURN OF A BIRTH 92314.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

9.

Sex (state whether male or female),

Female

2. Race or Color (if not of the white race),

White

3. Date of Birth,

21 February 1897

4. Place of Birth (Street and Number),

22 East Camden Street

5. Full Name of Mother,

Sophia Hoffman

6. Mother's Maiden Name,

Sophia Hoffman

7. Mother's Birthplace,

Hamburg Germany

8. Full Name of Father,

Peter Lippert

9. Father's Occupation,

Locksmith

10. Father's Birthplace,

Hulmbach Germany

Name of Medical Attendant, or other person who makes this Return.

Mrs. C. Seebach

Address,

No 735 W Pratt St.

Remarks,

11

Report the birth of the Registrar of Health, in the manner and within the period above required, and any such person who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

93312

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

5

1. Sex, (state whether male or female).

Male

2. Race or Color, (if not of the white race)

Caucasian

3. Date of Birth,

February 21 1887

4. Place of Birth, (Street and Number)

German

5. Full Name of Mother,

Anna

Spilant

6. Mother's Maiden Name,

Anna

Haris

7. Mother's Birthplace,

Baltimore County

8. Full Name of Father,

John Haris

9. Father's Occupation,

Labour

10. Father's Birthplace,

Baltimore County

Name of Medical Attendant, or other Person who makes this Return.

Dr. J. M. Smith

Address,

115 N. 1st St

Remarks,

RETURN OF A BIRTH 92316

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c) *First - (1st)*

Sex, (state whether male or female) *Female*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *2 - 22 - 1877*

4. Place of Birth, (Street and Number) *Maternity - 113 - 115 - 117 - 119 - 121 - 123 - 125 - 127 - 129 - 131 - 133 - 135 - 137 - 139 - 141 - 143 - 145 - 147 - 149 - 151 - 153 - 155 - 157 - 159 - 161 - 163 - 165 - 167 - 169 - 171 - 173 - 175 - 177 - 179 - 181 - 183 - 185 - 187 - 189 - 191 - 193 - 195 - 197 - 199 - 201 - 203 - 205 - 207 - 209 - 211 - 213 - 215 - 217 - 219 - 221 - 223 - 225 - 227 - 229 - 231 - 233 - 235 - 237 - 239 - 241 - 243 - 245 - 247 - 249 - 251 - 253 - 255 - 257 - 259 - 261 - 263 - 265 - 267 - 269 - 271 - 273 - 275 - 277 - 279 - 281 - 283 - 285 - 287 - 289 - 291 - 293 - 295 - 297 - 299 - 301 - 303 - 305 - 307 - 309 - 311 - 313 - 315 - 317 - 319 - 321 - 323 - 325 - 327 - 329 - 331 - 333 - 335 - 337 - 339 - 341 - 343 - 345 - 347 - 349 - 351 - 353 - 355 - 357 - 359 - 361 - 363 - 365 - 367 - 369 - 371 - 373 - 375 - 377 - 379 - 381 - 383 - 385 - 387 - 389 - 391 - 393 - 395 - 397 - 399 - 401 - 403 - 405 - 407 - 409 - 411 - 413 - 415 - 417 - 419 - 421 - 423 - 425 - 427 - 429 - 431 - 433 - 435 - 437 - 439 - 441 - 443 - 445 - 447 - 449 - 451 - 453 - 455 - 457 - 459 - 461 - 463 - 465 - 467 - 469 - 471 - 473 - 475 - 477 - 479 - 481 - 483 - 485 - 487 - 489 - 491 - 493 - 495 - 497 - 499 - 501 - 503 - 505 - 507 - 509 - 511 - 513 - 515 - 517 - 519 - 521 - 523 - 525 - 527 - 529 - 531 - 533 - 535 - 537 - 539 - 541 - 543 - 545 - 547 - 549 - 551 - 553 - 555 - 557 - 559 - 561 - 563 - 565 - 567 - 569 - 571 - 573 - 575 - 577 - 579 - 581 - 583 - 585 - 587 - 589 - 591 - 593 - 595 - 597 - 599 - 601 - 603 - 605 - 607 - 609 - 611 - 613 - 615 - 617 - 619 - 621 - 623 - 625 - 627 - 629 - 631 - 633 - 635 - 637 - 639 - 641 - 643 - 645 - 647 - 649 - 651 - 653 - 655 - 657 - 659 - 661 - 663 - 665 - 667 - 669 - 671 - 673 - 675 - 677 - 679 - 681 - 683 - 685 - 687 - 689 - 691 - 693 - 695 - 697 - 699 - 701 - 703 - 705 - 707 - 709 - 711 - 713 - 715 - 717 - 719 - 721 - 723 - 725 - 727 - 729 - 731 - 733 - 735 - 737 - 739 - 741 - 743 - 745 - 747 - 749 - 751 - 753 - 755 - 757 - 759 - 761 - 763 - 765 - 767 - 769 - 771 - 773 - 775 - 777 - 779 - 781 - 783 - 785 - 787 - 789 - 791 - 793 - 795 - 797 - 799 - 801 - 803 - 805 - 807 - 809 - 811 - 813 - 815 - 817 - 819 - 821 - 823 - 825 - 827 - 829 - 831 - 833 - 835 - 837 - 839 - 841 - 843 - 845 - 847 - 849 - 851 - 853 - 855 - 857 - 859 - 861 - 863 - 865 - 867 - 869 - 871 - 873 - 875 - 877 - 879 - 881 - 883 - 885 - 887 - 889 - 891 - 893 - 895 - 897 - 899 - 901 - 903 - 905 - 907 - 909 - 911 - 913 - 915 - 917 - 919 - 921 - 923 - 925 - 927 - 929 - 931 - 933 - 935 - 937 - 939 - 941 - 943 - 945 - 947 - 949 - 951 - 953 - 955 - 957 - 959 - 961 - 963 - 965 - 967 - 969 - 971 - 973 - 975 - 977 - 979 - 981 - 983 - 985 - 987 - 989 - 991 - 993 - 995 - 997 - 999 - 1001 - 1003 - 1005 - 1007 - 1009 - 1011 - 1013 - 1015 - 1017 - 1019 - 1021 - 1023 - 1025 - 1027 - 1029 - 1031 - 1033 - 1035 - 1037 - 1039 - 1041 - 1043 - 1045 - 1047 - 1049 - 1051 - 1053 - 1055 - 1057 - 1059 - 1061 - 1063 - 1065 - 1067 - 1069 - 1071 - 1073 - 1075 - 1077 - 1079 - 1081 - 1083 - 1085 - 1087 - 1089 - 1091 - 1093 - 1095 - 1097 - 1099 - 1101 - 1103 - 1105 - 1107 - 1109 - 1111 - 1113 - 1115 - 1117 - 1119 - 1121 - 1123 - 1125 - 1127 - 1129 - 1131 - 1133 - 1135 - 1137 - 1139 - 1141 - 1143 - 1145 - 1147 - 1149 - 1151 - 1153 - 1155 - 1157 - 1159 - 1161 - 1163 - 1165 - 1167 - 1169 - 1171 - 1173 - 1175 - 1177 - 1179 - 1181 - 1183 - 1185 - 1187 - 1189 - 1191 - 1193 - 1195 - 1197 - 1199 - 1201 - 1203 - 1205 - 1207 - 1209 - 1211 - 1213 - 1215 - 1217 - 1219 - 1221 - 1223 - 1225 - 1227 - 1229 - 1231 - 1233 - 1235 - 1237 - 1239 - 1241 - 1243 - 1245 - 1247 - 1249 - 1251 - 1253 - 1255 - 1257 - 1259 - 1261 - 1263 - 1265 - 1267 - 1269 - 1271 - 1273 - 1275 - 1277 - 1279 - 1281 - 1283 - 1285 - 1287 - 1289 - 1291 - 1293 - 1295 - 1297 - 1299 - 1301 - 1303 - 1305 - 1307 - 1309 - 1311 - 1313 - 1315 - 1317 - 1319 - 1321 - 1323 - 1325 - 1327 - 1329 - 1331 - 1333 - 1335 - 1337 - 1339 - 1341 - 1343 - 1345 - 1347 - 1349 - 1351 - 1353 - 1355 - 1357 - 1359 - 1361 - 1363 - 1365 - 1367 - 1369 - 1371 - 1373 - 1375 - 1377 - 1379 - 1381 - 1383 - 1385 - 1387 - 1389 - 1391 - 1393 - 1395 - 1397 - 1399 - 1401 - 1403 - 1405 - 1407 - 1409 - 1411 - 1413 - 1415 - 1417 - 1419 - 1421 - 1423 - 1425 - 1427 - 1429 - 1431 - 1433 - 1435 - 1437 - 1439 - 1441 - 1443 - 1445 - 1447 - 1449 - 1451 - 1453 - 1455 - 1457 - 1459 - 1461 - 1463 - 1465 - 1467 - 1469 - 1471 - 1473 - 1475 - 1477 - 1479 - 1481 - 1483 - 1485 - 1487 - 1489 - 1491 - 1493 - 1495 - 1497 - 1499 - 1501 - 1503 - 1505 - 1507 - 1509 - 1511 - 1513 - 1515 - 1517 - 1519 - 1521 - 1523 - 1525 - 1527 - 1529 - 1531 - 1533 - 1535 - 1537 - 1539 - 1541 - 1543 - 1545 - 1547 - 1549 - 1551 - 1553 - 1555 - 1557 - 1559 - 1561 - 1563 - 1565 - 1567 - 1569 - 1571 - 1573 - 1575 - 1577 - 1579 - 1581 - 1583 - 1585 - 1587 - 1589 - 1591 - 1593 - 1595 - 1597 - 1599 - 1601 - 1603 - 1605 - 1607 - 1609 - 1611 - 1613 - 1615 - 1617 - 1619 - 1621 - 1623 - 1625 - 1627 - 1629 - 1631 - 1633 - 1635 - 1637 - 1639 - 1641 - 1643 - 1645 - 1647 - 1649 - 1651 - 1653 - 1655 - 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1943 - 1945 - 1947 - 1949 - 1951 - 1953 - 1955 - 1957 - 1959 - 1961 - 1963 - 1965 - 1967 - 1969 - 1971 - 1973 - 1975 - 1977 - 1979 - 1981 - 1983 - 1985 - 1987 - 1989 - 1991 - 1993 - 1995 - 1997 - 1999 - 2001 - 2003 - 2005 - 2007 - 2009 - 2011 - 2013 - 2015 - 2017 - 2019 - 2021 - 2023 - 2025 - 2027 - 2029 - 2031 - 2033 - 2035 - 2037 - 2039 - 2041 - 2043 - 2045 - 2047 - 2049 - 2051 - 2053 - 2055 - 2057 - 2059 - 2061 - 2063 - 2065 - 2067 - 2069 - 2071 - 2073 - 2075 - 2077 - 2079 - 2081 - 2083 - 2085 - 2087 - 2089 - 2091 - 2093 - 2095 - 2097 - 2099 - 2101 - 2103 - 2105 - 2107 - 2109 - 2111 - 2113 - 2115 - 2117 - 2119 - 2121 - 2123 - 2125 - 2127 - 2129 - 2131 - 2133 - 2135 - 2137 - 2139 - 2141 - 2143 - 2145 - 2147 - 2149 - 2151 - 2153 - 2155 - 2157 - 2159 - 2161 - 2163 - 2165 - 2167 - 2169 - 2171 - 2173 - 2175 - 2177 - 2179 - 2181 - 2183 - 2185 - 2187 - 2189 - 2191 - 2193 - 2195 - 2197 - 2199 - 2201 - 2203 - 2205 - 2207 - 2209 - 2211 - 2213 - 2215 - 2217 - 2219 - 2221 - 2223 - 2225 - 2227 - 2229 - 2231 - 2233 - 2235 - 2237 - 2239 - 2241 - 2243 - 2245 - 2247 - 2249 - 2251 - 2253 - 2255 - 2257 - 2259 - 2261 - 2263 - 2265 - 2267 - 2269 - 2271 - 2273 - 2275 - 2277 - 2279 - 2281 - 2283 - 2285 - 2287 - 2289 - 2291 - 2293 - 2295 - 2297 - 2299 - 2301 - 2303 - 2305 - 2307 - 2309 - 2311 - 2313 - 2315 - 2317 - 2319 - 2321 - 2323 - 2325 - 2327 - 2329 - 2331 - 2333 - 2335 - 2337 - 2339 - 2341 - 2343 - 2345 - 2347 - 2349 - 2351 - 2353 - 2355 - 2357 - 2359 - 2361 - 2363 - 2365 - 2367 - 2369 - 2371 - 2373 - 2375 - 2377 - 2379 - 2381 - 2383 - 2385 - 2387 - 2389 - 2391 - 2393 - 2395 - 2397 - 2399 - 2401 - 2403 - 2405 - 2407 - 2409 - 2411 - 2413 - 2415 - 2417 - 2419 - 2421 - 2423 - 2425 - 2427 - 2429 - 2431 - 2433 - 2435 - 2437 - 2439 - 2441 - 2443 - 2445 - 2447 - 2449 - 2451 - 2453 - 2455 - 2457 - 2459 - 2461 - 2463 - 2465 - 2467 - 2469 - 2471 - 2473 - 2475 - 2477 - 2479 - 2481 - 2483 - 2485 - 2487 - 2489 - 2491 - 2493 - 2495 - 2497 - 2499 - 2501 - 2503 - 2505 - 2507 - 2509 - 2511 - 2513 - 2515 - 2517 - 2519 - 2521 - 2523 - 2525 - 2527 - 2529 - 2531 - 2533 - 2535 - 2537 - 2539 - 2541 - 2543 - 2545 - 2547 - 2549 - 2551 - 2553 - 2555 - 2557 - 2559 - 2561 - 2563 - 2565 - 2567 - 2569 - 2571 - 2573 - 2575 - 2577 - 2579 - 2581 - 2583 - 2585 - 2587 - 2589 - 2591 - 2593 - 2595 - 2597 - 2599 - 2601 - 2603 - 2605 - 2607 - 2609 - 2611 - 2613 - 2615 - 2617 - 2619 - 2621 - 2623 - 2625 - 2627 - 2629 - 2631 - 2633 - 2635 - 2637 - 2639 - 2641 - 2643 - 2645 - 2647 - 2649 - 2651 - 2653 - 2655 - 2657 - 2659 - 2661 - 2663 - 2665 - 2667 - 2669 - 2671 - 2673 - 2675 - 2677 - 2679 - 2681 - 2683 - 2685 - 2687 - 2689 - 2691 - 2693 - 2695 - 2697 - 2699 - 2701 - 2703 - 2705 - 2707 - 2709 - 2711 - 2713 - 2715 - 2717 - 2719 - 2721 - 2723 - 2725 - 2727 - 2729 - 2731 - 2733 - 2735 - 2737 - 2739 - 2741 - 2743 - 2745 - 2747 - 2749 - 2751 - 2753 - 2755 - 2757 - 2759 - 2761 - 2763 - 2765 - 2767 - 2769 - 2771 - 2773 - 2775 - 2777 - 2779 - 2781 - 2783 - 2785 - 2787 - 2789 - 2791 - 2793 - 2795 - 2797 - 2799 - 2801 - 2803 - 2805 - 2807 - 2809 - 2811 - 2813 - 2815 - 2817 - 2819 - 2821 - 2823 - 2825 - 2827 - 2829 - 2831 - 2833 - 2835 - 2837 - 2839 - 2841 - 2843 - 2845 - 2847 - 2849 - 2851 - 2853 - 2855 - 2857 - 2859 - 2861 - 2863 - 2865 - 2867 - 2869 - 2871 - 2873 - 2875 - 2877 - 2879 - 2881 - 2883 - 2885 - 2887 - 2889 - 2891 - 2893 - 2895 - 2897 - 2899 - 2901 - 2903 - 2905 - 2907 - 2909 - 2911 - 2913 - 2915 - 2917 - 2919 - 2921 - 2923 - 2925 - 2927 - 2929 - 2931 - 2933 - 2935 - 2937 - 2939 - 2941 - 2943 - 2945 - 2947 - 2949 - 2951 - 2953 - 2955 - 2957 - 2959 - 2961 - 2963 - 2965 - 2967 - 2969 - 2971 - 2973 - 2975 - 2977 - 2979 - 2981 - 2983 - 2985 - 2987 - 2989 - 2991 - 2993 - 2995 - 2997 - 2999 - 3001 - 3003 - 3005 - 3007 - 3009 - 3011 - 3013 - 3015 - 3017 - 3019 - 3021 - 3023 - 3025 - 3027 - 3029 - 3031 - 3033 - 3035 - 3037 - 3039 - 3041 - 3043 - 3045 - 3047 - 3049 - 3051 - 3053 - 3055 - 3057 - 3059 - 3061 - 3063 - 3065 - 3067 - 3069 - 3071 - 3073 - 3075 - 3077 - 3079 - 3081 - 3083 - 3085 - 3087 - 3089 - 3091 - 3093 - 3095 - 3097 - 3099 - 3101 - 3103 - 3105 - 3107 - 3109 - 3111 - 3113 - 3115 - 3117 - 3119 - 3121 - 3123 - 3125 - 3127 - 3129 - 3131 - 3133 - 3135 - 3137 - 3139 - 3141 - 3143 - 3145 - 3147 - 3149 - 3151 - 3153 - 3155 - 3157 - 3159 - 3161 - 3163 - 3165 - 3167 - 3169 - 3171 - 3173 - 3175 - 3177 - 3179 - 3181 - 3183 - 3185 - 3187 - 3189 - 3191 - 3193 - 3195 - 3197 - 3199 - 3201 - 3203 - 3205 - 3207 - 3209 - 3211 - 3213 - 3215 - 3217 - 3219 - 3221 - 3223 - 3225 - 3227 - 3229 - 3231 - 3233 - 3235 - 3237 - 3239 - 3241 - 3243 - 3245 - 3247 - 3249 - 3251 - 3253 - 3255 - 3257 - 3259 - 3261 - 3263 - 3265 - 3267 - 3269 - 3271 - 3273 - 3275 - 3277 - 3279 - 3281 - 3283 - 3285 - 3287 - 3289 - 3291 - 3293 - 3295 - 3297 - 3299 - 3301 - 3303 - 3305 - 3307 - 3309 - 3311 - 3313 - 3315 - 3317 - 3319 - 3321 - 3323 - 3325 - 3327 - 3329 - 3331 - 3333 - 3335 - 3337 - 3339 - 3341 - 3343 - 3345 - 3347 - 3349 - 3351 - 3353 - 3355 - 3357 - 3359 - 3361 - 3363 - 3365 - 3367 - 3369 - 3371 - 3373 - 3375 - 3377 - 3379 - 3381 - 3383 - 3385 - 3387 - 3389 - 3391 - 3393 - 3395 - 3397 - 3399 - 3401 - 3403 - 3405 - 3407 - 3409 - 3411 - 3413 - 3415 - 3417 - 3419 - 3421 - 3423 - 3425 - 3427 - 3429 - 3431 - 3433 - 3435 - 3437 - 3439 - 3441 - 3443 - 3445 - 3447 - 3449 - 3451 - 3453 - 3455 - 3457 - 3459 - 3461 - 3463 - 3465 - 3467 - 3469 - 3471 - 3473 - 3475 - 3477 - 3479 - 3481 - 3483 - 3485 - 3487 - 3489 - 3491 - 3493 - 3495 - 3497 - 3499 - 3501 - 3503 - 3505 - 3507 - 3509 - 3511 - 3513 - 3515 - 3517 - 3519 - 3521 - 3523 - 3525 - 3527 - 3529 - 3531 - 3533 - 3535 - 3537 - 3539 - 3541 - 3543 - 3545 - 3547 - 3549 - 3551 - 3553 - 3555 - 3557 - 3559 - 3561 - 3563 - 3565 - 3567 - 3569 - 3571 - 3573 - 3575 - 3577 - 3579 - 3581 - 3583 - 3585 - 3587 - 3589 - 3591 - 3593 - 3595 - 3597 - 3599 - 3601 - 3603 - 3605 - 3607 - 3609 - 3611 - 3613 - 3615 - 3617 - 3619 - 3621 - 3623 - 3625 - 3627 - 3629 - 3631 - 3633 - 3635 - 3637 - 3639 - 3641 - 3643 - 3645 - 3647 - 3649 - 3651 - 3653 - 3655 - 3657 - 3659 - 3661 - 3663 - 3665 - 3667 - 3669 - 3671 - 3673 - 3675 - 3677 - 3679 - 3681 - 3683 - 3685 - 3687 - 3689 - 3691 - 3693 - 3695 - 3697 - 3699 - 3701 - 3703 - 3705 - 3707 - 3709 - 3711 - 3713 - 3715 - 3717 - 3719 - 3721 - 3723 - 3725 - 3727 - 3729 - 3731 - 3733 - 3735 - 3737 - 3739 - 3741 - 3743 - 3745 - 3747 - 3749 - 3751 - 3753 - 3755 - 3757 - 3759 - 3761 - 3763 - 3765 - 3767 - 3769 - 3771 - 3773 - 3775 - 3777 - 3779 - 3781 - 3783 - 3785 - 3787 - 3789 - 3791 - 3793 - 3795 - 3797 - 3799 - 3801 - 3803 - 3805 - 3807 - 3809 - 3811 - 3813 - 3815 - 3817 - 3819 - 3821 - 3823 - 3825 - 3827 - 3829 - 3831 - 3833 - 3835 - 3837 - 3839 - 3841 - 3843 - 3845 - 3847 - 3849 - 3851 - 3853 - 3855 - 3857 - 3859 - 3861 - 3863 - 3865 - 3867 - 3869 - 3871 - 3873 - 3875 - 3877 - 3879 - 3881 - 3883 - 3885 - 3887 - 3889 - 3891 - 3893 - 3895 - 3897 - 3899 - 3901 - 3903 - 3905 - 3907 - 3909 - 3911 - 3913 - 3915 - 3917 - 3919 - 3921 - 3923 - 3925 - 3927 - 3929 - 3931 - 3933 - 3935 - 3937 - 3939 - 3941 - 3943 - 3945 - 3947 - 3949 - 3951 - 3953 - 3955 - 3957 - 3959 - 3961 - 3963 - 3965 - 3967 - 3969 - 3971 - 3973 - 3975 - 3977 - 3979 - 3981 - 3983 - 3985 - 3987 - 3989 - 3991 - 3993 - 3995 - 3997 - 3999 - 4001 - 4003 - 4005 - 4007 - 4009 - 4011 - 4013 - 4015 - 4017 - 4019 - 4021 - 4023 - 4025 - 4027 - 4029 - 4031 - 4033 - 4035 - 4037 - 4039 - 4041 - 4043 - 4045 - 4047 - 4049 - 4051 - 4053 - 4055 - 4057 - 4059 - 4061 - 4063 - 4065 - 4067 - 4069 - 4071 - 4073 - 4075 - 4077 - 4079 - 4081 - 4083 - 4085 - 4087 - 4089 - 4091 - 4093 - 4095 - 4097 - 4099 - 4101 - 4103 - 4105 - 4107 - 4109 - 4111 - 4113 - 4115 - 4117 - 4119 - 4121 - 4123 - 4125 - 4127 - 4129 - 4131 - 4133 - 4135 - 4137 - 4139 - 4141 - 4143 - 4145 - 4147 - 4149 - 4151 - 4153 - 4155 - 4157 - 4159 - 4161 - 4163 - 4165 - 4167 - 4169 - 4171 - 4173 - 4175 - 4177 - 4179 - 4181 - 4183 - 4185 - 4187 - 4189 - 4191 - 4193 - 4195 - 4197 - 4199 - 4201 - 4203 - 4205 - 4207 - 4209 - 4211 - 4213 - 4215 - 4217 - 4219 - 4221 - 4223 - 4225 - 4227 - 4229 - 4231 - 4233 - 4235 - 4237 - 4239 - 4241 - 4243 - 4245 - 4247 - 4249 - 4251 - 4253*

RETURN OF A BIRTH ⁹²³¹⁷

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) X 1st

Sex, (state whether male or female) Female

Race or Color, (if not of the white race) Black

Date of Birth, Feb. 22d 1887

Place of Birth, (Street and Number) Maternity, 1134 115 W Lombard St

Full Name of Mother, Maggie Wadley,

Mother's Maiden Name, Da.

Mother's Birthplace, Virginia

Full Name of Father, _____

Father's Occupation, _____

Father's Birthplace, _____

Name of Medical Attendant, or other Person who makes this Return L. F. Conner M.D.

Address, 1134 115 W Lombard St

Remarks, _____

If persons who shall hereafter willfully violate the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered at other times and forfeitures are recoverable.

RETURN OF A BIRTH ⁹⁵³¹⁸

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) male

2. Race or Color, (if not of the white race)

3. Date of Birth, Feb 22nd 1887

4. Place of Birth, (Street and Number) Baltimore City 702 Norner St

5. Full Name of Mother, Mary W. Johnson

6. Mother's Maiden Name, Mary W. Connelly

7. Mother's Birthplace, Salisbury

8. Full Name of Father, Edward Johnson

9. Father's Occupation, farmer

10. Father's Birthplace, Salisbury

Name of Medical Attendant, or other Person who makes this Return, Mrs M. Shaffer

Address, No 1139 Ridgely St

Remarks,



The Registrar of Vital Statistics, Baltimore City, is authorized to receive and retain the fee of ten (10) dollars for each office to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 92319

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8

Sex (state whether male or female), Female

2. Race or Color (if not of the white race),

3. Date of Birth,

4. Place of Birth (Street and Number),

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

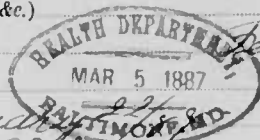
9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks,



February 2, 1887
No. 1755 on Court
Lisbeth Robran
Morgenroth
Germany
George Robran
Laborer
Germany
Mrs. Louise Kraft
No. 405 S. Washington St.

who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Sex (state whether male or female),

2. Race or Color (if not of the white race),

3. Date of Birth,

4. Place of Birth (Street and Number),

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks,



February 187

No 407 Madeira Hwy

Maggie Rosel

Baley

Germany

John Rosel

Laborer

Baltimore

Mrs. Louise Kraft

No 405 S. Washington St.

who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as civil dues and penalties are recoverable.

RETURN OF A BIRTH.

92321

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *First*
1. Sex (state whether Male or Female) *Female*
2. Race or Color (if not of the white race) *Colored*
3. Date of Birth *Feb. 22, 1887*
4. Place of Birth (Street and Number) *500 W Hoffman St.*
5. Full Name of Mother *Georgiana Boney*
6. Mother's Maiden Name *Brown*
7. Mother's Birthplace *Williamsport Md.*
8. Full Name of Father *David A. Boney*
9. Father's Occupation *Shoemaker*
10. Father's Birthplace *Augusta Ga.*

Name of Medical Attendant, or other Person who
makes this Return.

W. H. Thompson, M. D.,
94 St. Paul St.

Address

Remarks

RETURN OF A BIRTH

92327

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

● Sex (state whether male or female),

2. Race or Color (if not of the white race),

3. Date of Birth,

4. Place of Birth (Street and Number),

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

● Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks,



Philadelphia
Baltimore
Anna Montgomery
Boyle
Baltimore
William H. Montgomery
Carpenter
Baltimore
Elizabeth H. Hottel
High St. No 1814

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st*

Sex, (state whether male or female) *Female*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *Feb 22nd 1880*

4. Place of Birth, (Street and Number) *108 E. Calhoun St.*

5. Full Name of Mother, *Mrs. Loretta*

6. Mother's Maiden Name, *Mrs. Loretta*

7. Mother's Birthplace, *Annapolis*

8. Full Name of Father, *Charles Loretta*

9. Father's Occupation, *Employer of City Passenger R.R.*

10. Father's Birthplace, *Frederick County*

Name of Medical Attendant, or other Person who makes this Return, *Dr. C. C. Annals*

Address, *1829 E. Pratt St.*

Remarks,



for each offence to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 95324

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *first child*

Sex, (state whether male or female) *female*

2. Race or Color, (if not of the white race) *Colored*

3. Date of Birth, *on the 22 of February*

4. Place of Birth, (Street and Number) *on 506 cross alley*

5. Full Name of Mother, *Laur for Liner bland*

6. Mother's Maiden Name, *Laur for Liner Shore*

7. Mother's Birthplace, *andrade county*

8. Full Name of Father, *Charles Joseph bland*

9. Father's Occupation, *lunk man*

10. Father's Birthplace, *peddersburg virginia*

Name of Medical Attendant, *ser lester c. nck*

Address, *37 busnut alley*

Remarks,



RETURN OF A BIRTH ⁹²³²⁵¹

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) An. White

3. Date of Birth, Feb 22 1887

4. Place of Birth, (Street and Number) Baltimore

5. Full Name of Mother, Susan Ann Barnes

6. Mother's Maiden Name, Susan Ann Higgins

7. Mother's Birthplace, Carroll County

8. Full Name of Father, John Henry Barnes

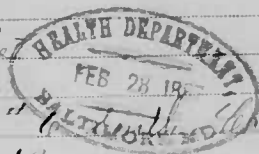
9. Father's Occupation, Carpenter

10. Father's Birthplace, Lykesville

Name of Medical Attendant, or other Person who makes this Return. Mrs. Hunter

Address, 21, 23 Poppleton St

Remarks,



RETURN OF A BIRTH 95326.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st Child*

Sex, (state whether male or female) *Boy*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *22nd of February 1887*

4. Place of Birth, (Street and Number) *No 4^{and} 6 South Bond street.*

5. Full Name of Mother, *Lizzie Beck*

6. Mother's Maiden Name, *Lizzie Schmitt*

7. Mother's Birthplace, *Baltimore*

8. Full Name of Father, *Adam Schmitt*

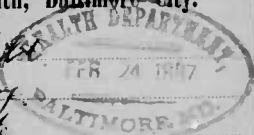
9. Father's Occupation, *Tavern-keeper*

10. Father's Birthplace, *Baltimore*

Name of Medical Attendant, or other Person who makes this Return, *Grescinda Kunkel*

Address, *213 North Chapel street per Justina Kunkel*

Remarks, *Healthy.*



RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

First

Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

Wh.

3. Date of Birth,

July 22nd 1897

4. Place of Birth, (Street and Number)

607 N. Bond

5. Full Name of Mother,

Charlotte M. Shreve

6. Mother's Maiden Name,

Shreve

7. Mother's Birthplace,

Summersville Co. Md.

8. Full Name of Father,

Chas. E. Cain

9. Father's Occupation,

Clerk

10. Father's Birthplace,

Baltimore

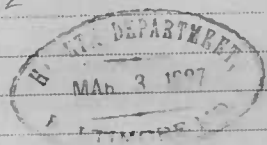
Name of Medical Attendant, or other Person who makes this Return.

E. B. Burton M.D.

Address,

124 Broadway

Remarks,



for each license to be recovered as other lines and forfeitures are recoverable.

RETURN OF A BIRTH ^{92328.}

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

First child

Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Feb'y 22

FEB 28 1887

4. Place of Birth, (Street and Number)

50 n. 1st

5. Full Name of Mother,

Mary Dunn

6. Mother's Maiden Name,

" Daly

7. Mother's Birthplace,

Philadelphia

8. Full Name of Father,

Harry Dunn

9. Father's Occupation,

Clerk

Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return.

W. W. Mansfield M.D.

Address,

127 So Broadway

Remarks,

For each column to be recovered as other lines and forenames are recoverable.

RETURN OF A BIRTH 92329.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Second

1. Sex (state whether male or female),

Female

2. Race or Color (if not of the white race),

White

3. Date of Birth,...

Feb. 22

4. Place of Birth (Street and Number),

1857 Belair

5. Full Name of Mother,

Maggie Strauss

6. Mother's Maiden Name,

Willgolds

7. Mother's Birthplace,

Frank Strauss

8. Full Name of Father,

Frank Strauss

9. Father's Occupation,

Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return.

Dr. S. J. ...

Address, ...

Remarks,



In each case, the Registrar shall be satisfied with the provisions of this section shall be subjected to the fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 92330

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

Sex, (state whether male or female) male

2. Race or Color, (if not of the white race) colored

3. Date of Birth, Feb 22

4. Place of Birth, (Street and Number) 36 Boyd St

5. Full Name of Mother, Elizabeth D. D. D.

6. Mother's Maiden Name, Thomson

7. Mother's Birthplace, Baltimore

8. Full Name of Father, W. D. D.

9. Father's Occupation, nurse

Father's Birthplace, Balt

Name of Medical Attendant, or other Person who makes this Return.

Address, 34 Boyd St

Remarks,



for each office to be covered, other data and for figures are recoverable.

RETURN OF A BIRTH 92331.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2

Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

white

3. Date of Birth,

July 22, 1887

4. Place of Birth, (Street and Number)

802 S. Packard St.

5. Full Name of Mother,

Annie J. Clark

6. Mother's Maiden Name,

Biddle

7. Mother's Birthplace,

Wash. D.C.

8. Full Name of Father,

Benj. J. Clark

9. Father's Occupation,

Driver

Father's Birthplace,

City

Name of Medical Attendant, or other Person who makes this Return.

Wm. D. Blake

Address,

602 S. Packard St.

Remarks,

RETURN OF A BIRTH 91332.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

☒ Sex (state whether male or female), *Female*

2. Race or Color (if not of the white race).

3. Date of Birth,

4. Place of Birth (Street and Number), *24 Leggett St*

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

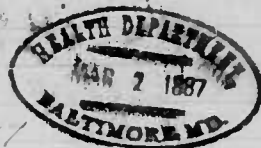
9. Father's Occupation,

☒ Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks,



Feb 22, 1887
Mary Fleckenstone
" " *Shoe*
George Fleckenstone
Taylor

City
Germany

Lizzy Betz
1744 Bank St

RETURN OF A BIRTH 92333.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name, Frederick Hamilton Beziat

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

☒ Sex (state whether male or female),

2. Race or Color (if not of the white race),

3. Date of Birth,

4. Place of Birth (Street and Number),

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

☒ Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks,

Fourth

Male

White

22nd Feb 1897
9th St. Baltimore
S. Agnes Hospital
Brown

Fred R. Co. M.D.

Joseph H. Beziat
Knife-Cutter

Philadelphia, Pa.

John Hood

1403 W. Fayette St.
Pine Lake

For each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

93334.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st

Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

3. Date of Birth,

22d Feb. 1887

4. Place of Birth, (Street and Number)

424 W. 4th St.

5. Full Name of Mother,

Sophia Goetz Cannon

6. Mother's Maiden Name,

Goetz

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Millon Cannon

9. Father's Occupation,

Waterman

Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return.

Edw. J. Gennell

Address,

516 Kent Ave

Remarks,

For each child to be recovered as other lines and instructions are recoverable.

RETURN OF A BIRTH 92335

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Third Child*
 Sex, (state whether male or female) *Male*
 Race or Color, (if not of the white race) *White*
 Date of Birth, *22. of Feb.*
 Place of Birth, (Street and Number) *313 Calumet St.*
 Full Name of Mother, *Rebecca David*
 Mother's Maiden Name, *Rebecca Doty*
 Mother's Birthplace, *Baltimore*
 Full Name of Father, *ice. David*
 Father's Occupation, *labor*
 Father's Birthplace, *Baltimore*
 Name of Medical Attendant, or other Person who makes this Return, *Wm. Jackson*
 Address, *16. 16. Douglas Street*
 Remarks,



for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 92336

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

7

1 Sex (state whether male or female),

Female

2 Race or Color (if not of the white race),

White

3 Date of Birth,

22 Feb 1887

4 Place of Birth (Street and Number),

310 Eagle St

5 Full Name of Mother,

6 Mother's Maiden Name,

7 Mother's Birthplace,

8 Full Name of Father,

Joseph Kraus

9 Father's Occupation,

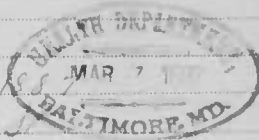
10 Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return.

19

Address,

Remarks,



RETURN OF A BIRTH *93337*

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1*

Sex (state whether male or female) *Male*

2. Race or Color (if not of the white race),

3. Date of Birth, *Feb 22nd 1887*

4. Place of Birth (Street and Number), *102 Baltimore St*

5. Full Name of Mother, *Mary Riddle*

6. Mother's Maiden Name, *Riddle*

7. Mother's Birthplace, *Italy*

8. Full Name of Father, *James McShannan*

9. Father's Occupation, *Labourer*

Father's Birthplace, *Italy*

Name of Medical Attendant, or other person who makes this Return. *Dr. J. B. B. B.*

Address, *1144 Bank St*

Remarks,



who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 93338.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1 Sex (state whether male or female), male

2 Race or Color (if not of the white race), white

3 Date of Birth, Feb 22 1897

4 Place of Birth (Street and Number), 841 Gange St

5 Full Name of Mother, Mamie Perott

6 Mother's Maiden Name, Marnie Reddick

7 Mother's Birthplace, Baltimore

8 Full Name of Father, Geo. William Perott

9 Father's Occupation, Engineer

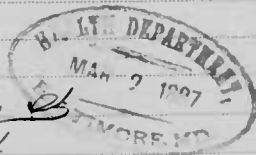
10 Father's Birthplace, Washington D.C.

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks,

Stellagondw Oliver
529 Columbia Ave



RETURN OF A BIRTH. 92339.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st.

☒ Male, (state whether male or female) Male

2. Race or Color, (if not of the white race) Light Brown

3. Date of Birth February 22, 1887

4. Place of Birth, (Street and Number) Baltimore Md. 74

5. Full Name of Mother, Alice Plumer.

6. Mother's Maiden Name, Alice Plumer.

7. Mother's Birthplace, Howard County Md.

8. Full Name of Father, Charles Dickerson.

9. Father's Occupation, Farmer.

10. Father's Birthplace, Carroll County Md.

Name of Medical Attendant, or other Person who makes this Return. Louisa Lane.

Address, 118 Gasper St.

Remarks, Baltimore Md.



RETURN OF A BIRTH ⁹²³⁴⁰

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) ⁵

Sex, (state whether male or female) *Female*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *Feb'y 2*

4. Place of Birth, (Street and Number) *1024 (New No) N. Poppleton St*

5. Full Name of Mother, *Laura T. Grim*

6. Mother's Maiden Name, *" " Meredith*

7. Mother's Birthplace, *Baltimore*

8. Full Name of Father, *Edward J Grim*

9. Father's Occupation, *carpenter*

10. Father's Birthplace, *Balto*

Name of Medical Attendant, or other Person who makes this Return. *Thomas Opie M.D.*

Address, *600 W. Howard St*

Remarks,



for each offence to be recovered as other fines and forfeitures are recoverable.

1. Sex. *M* No. of Child of Mother. *2*

2. Race or Color. *W*

3. Date. *Feb 22nd*

4. Place of Birth, *W. Va. Scott St*

5. Full Name of Mother, *Julia Hollean*

6. Mother's Maiden Name, *Quincy*

7. Mother's Birthplace, *Baltimore*

8. Full Name of Father, *Timothy Hollean*

9. Father's Occupation, *Laborer*

10. Father's Birthplace, *Baltimore*

Mrs Mary Monjar

No 112 Scott St

OF A BIRTH *92,341*
al Statistics, Board of Health, Baltimore City.

st, 2d, 3d, &c.)

ice),



Person who
Return.

RETURN OF A BIRTH 95342.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2^d

1. Sex (~~state whether male or female~~),

2. Race or Color (if not of the white race),

3. Date of Birth, 23rd Feb 1887

4. Place of Birth (Street and Number), 2202 Cambridge

5. Full Name of Mother, Mrs. Annie M. Foldhusen

6. Mother's Maiden Name, Foster

7. Mother's Birthplace, Wis.

8. Full Name of Father, John Foldhusen

9. Father's Occupation, Driver

10. Father's Birthplace, Wis.

Name of Medical Attendant, or other person who makes this Return, B. F. Conradson

Address, 1724 C. Balt. St.

Remarks, Green Birth, delivered by Dr. Conradson, 2nd Ave. Wis.



RETURN OF A BIRTH 72343

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd Child.

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, 23rd of February 1887

4. Place of Birth, (Street and Number) 165 North Carroll Street

5. Full Name of Mother, Caroline Keller

6. Mother's Maiden Name, Caroline Rome

7. Mother's Birthplace, Baltimore

8. Full Name of Father, John Rome

9. Father's Occupation, Carter

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return, Crescentia Kunkel

Address, 213 North Chapel Street per Justina Kunkel

Remarks, Healthy

RETURN OF A BIRTH 92344.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2nd Child*
- Sex, (state whether male or female) *girl*
- Race or Color, (if not of the white race) *White*
- Date of Birth, *geboren den 23^{ten} Februar*
- Place of Birth, (Street and Number) *934 Wild St*
- Full Name of Mother, *Marij Lesch*
- Mother's Maiden Name, *Marij Regener*
- Mother's Birthplace, *Baltimore*
- Full Name of Father, *Marck Lesch*
- Father's Occupation, *Laber*
- Father's Birthplace, *Baltimore*
- Name of Medical Attendant, or other Person who makes this Return, *Friederike Kroschmann*
- Address, *Nr 517 S. Dallas Str*
- Remarks, *Hobamine*



RETURN OF A BIRTH ⁹²³⁴⁵

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Sex (state whether male or female),

2. Race or Color (if not of the white race),

3. Date of Birth,

4. Place of Birth (Street and Number),

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks,



No 400 Mulberry street

Mary Luber

" Mary

Sweeney

George Luber

Baker

Sweeney

Mrs G. Seabach

No 735 W Pratt street

RETURN OF A BIRTH 92206.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd
Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth Feb 23rd
4. Place of Birth, (Street and Number) 133 Hillman St
5. Full Name of Mother, Hannah C. Green
6. Mother's Maiden Name, " " Clark
7. Mother's Birthplace, Balto
8. Full Name of Father, William Green
9. Father's Occupation, Laborer
10. Father's Birthplace, Ireland
Name of Medical Attendant, or other Person who makes this Return, Mrs Julia Green
Address, 940 N Gay St
Remarks,



RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

3^d

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

3. Date of Birth,

Feb 23^d 1897

4. Place of Birth, (Street and Number)

1001 S. Sharp St.

5. Full Name of Mother,

Ida Anna Ermer

6. Mother's Maiden Name,

Ida Anna Ermer

7. Mother's Birthplace,

Hirschberg Germany

8. Full Name of Father,

Anton Ermer

9. Father's Occupation,

Cabinet Maker

10. Father's Birthplace,

Germany

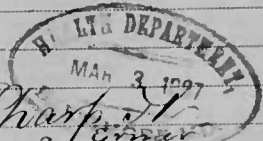
Name of Medical Attendant, or other Person who makes this Return.

Auguste Bosien

Address,

927 Sharp St.

Remarks,



NOT FOR CIRCULATION TO BE RETURNED TO THE REGISTRAR OF VITAL STATISTICS, BOARD OF HEALTH, BALTIMORE CITY.

RETURN OF A BIRTH 922 118.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Tenth 2d,

☒ Sex (state whether male or female),

Female

2. Race or Color (if not of the white race),

White

3. Date of Birth,

February 29, 1887.

4. Place of Birth (Street and Number),

206 N. Howard St. Baltimore Md.

5. Full Name of Mother,

Mary A. Jones,

6. Mother's Maiden Name,

Mary A. Beckett.

7. Mother's Birthplace,

Baltimore City.

8. Full Name of Father,

Frank B. Jones.

9. Father's Occupation,

Shoe-Cutter.

☒ Father's Birthplace,

Baltimore City.

Name of Medical Attendant, or other person who makes this Return.

John C. Cunningham M.D.

Address,

505 N. Carrollton St.

Remarks,

for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 92849

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 15

Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) colored

3. Date of Birth, Feb 23

4. Place of Birth, (Street and Number) No 20 Danbury St Baltimore

5. Full Name of Mother, Margaret Wershun

6. Mother's Maiden Name, Ben

7. Mother's Birthplace, Manchester Va.

8. Full Name of Father, James Wershun

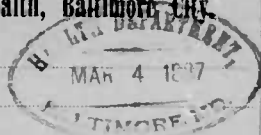
9. Father's Occupation, Coal carrier

Father's Birthplace, Manchester Va.

Name of Medical Attendant, or other Person who makes this Return.

Address, 34 Lloyd St.

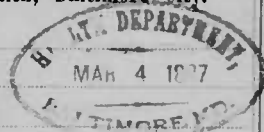
Remarks,



RETURN OF A BIRTH. 92380

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *2nd.*
- Sex, (state whether male or female) *Female*
- Race or Color, (if not of the white race) *White*
- Date of Birth *Feby. 23. 1887*
- Place of Birth, (Street and Number) *60 E. Fayette St. (old no.)*
- Full Name of Mother, *Agnus C. May*
- Mother's Maiden Name, *Benzing*
- Mother's Birthplace, *Balt. City*
- Full Name of Father, *Michael P. May*
- Father's Occupation, *Expressman*
- Father's Birthplace, *Balt. Md.*
- Name of Medical Attendant, or other Person who makes this Return. *Geo A Hartman M.D.*
- Address, *1121 St. Charles St.*
- Remarks,



RETURN OF A BIRTH 92356.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 876
1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Monday 23rd 1887
4. Place of Birth, (Street and Number) Baltimore Ward 8711
5. Full Name of Mother, Mary Barnes
6. Mother's Maiden Name, Mary Rupp
7. Mother's Birthplace, Baltimore Md. D.
8. Full Name of Father, George Mc. Barnes
9. Father's Occupation, Boiler Maker
10. Father's Birthplace, Baltimore Md. D.
- Name of Medical Attendant, or other Person who makes this Return, Auguste Borison
- Address, 927 Wharf Street
- Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2352*

Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race)

3. Date of Birth, *Feb. 23, 1887*

4. Place of Birth, (Street and Number) *2541 Lancaster St.*

5. Full Name of Mother, *Kate Seifer*

6. Mother's Maiden Name, *Kate Ann*

7. Mother's Birthplace, *Germany*

8. Full Name of Father, *August Seifer*

9. Father's Occupation, *Saloon*

10. Father's Birthplace, *Germany*

Name of Medical Attendant, or other Person who makes this Return, *Wm. L. Snodgrass*

Address, *126 Luzerne St.*

Remarks,



For each offense to be recovered as other laws and ordinances are recovered.

RETURN OF A BIRTH ⁹²³⁶³

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd
Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Feb 23rd
4. Place of Birth, (Street and Number) 941 Bond St
5. Full Name of Mother, Teresa Hull
6. Mother's Maiden Name, " Dickelman
7. Mother's Birthplace, Balto
8. Full Name of Father, Henry Hull
9. Father's Occupation, Cabinet Maker
10. Father's Birthplace, Balto
Name of Medical Attendant, or other Person who makes this Return. Mrs Julia Greeny
Address, 9400 Gay St
Remarks,



GIVEN NAME ADDED. 10-9-57
RETURN OF A BIRTH 43.354

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Emanuel Abraham

Sex (state whether male or female),

Male

2. Race or Color (if not of the white race),

3. Date of Birth,

1887 - 23 February

4. Place of Birth (Street and Number),

10 Broad alley

5. Full Name of Mother,

Minnie Abraham

6. Mother's Maiden Name,

Stern

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Nathan Abraham

9. Father's Occupation,

Labourer

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other person who makes this Return.

Sarah Casper

Address,

1014 E. Lombard street

Remarks,

9-130-56

92,355

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Dora Goldenberg
No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *7th*

1. Sex, (state whether male or female) *female*

2. Race or Color, (if not of the white race) *white*

3. Date of Birth, *Feb. 23rd 1887*

4. Place of Birth, (Street and Number) *E. Pratt St*

5. Full Name of Mother, *Sahra Goldenberg*

6. Mother's Maiden Name,

7. Mother's Birthplace, *Europe*

8. Full Name of Father, *Moses Goldenberg*

9. Father's Occupation, *Merchant*

10. Father's Birthplace, *Europe*

Name of Medical Attendant, or other Person who makes this Return. *Mrs. C. Bernstein*

Address, *122 N. E. St.*

Remarks,



RETURN OF A BIRTH *92356.*

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *5*
- Sex (state whether male or female), *Female*
- Race or Color (if not of the white race), *White*
- Date of Birth, *23 of Feb. 1887*
- Place of Birth (Street and Number), *9 1/2 Jones*
- Full Name of Mother, *Marie Leffler*
- Mother's Maiden Name, *Katie Berger*
- Mother's Birthplace, *Wendenburg*
- Full Name of Father, *August S. Leffler*
- Father's Occupation, *Inspector*
- Father's Birthplace, *Wendenburg*
- Name of Medical Attendant, *Dr. John Griebner*
or other person who makes this Return.
- Address, *107 West 9th*
- Remarks,



RETURN OF A BIRTH ^{92.35%}

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

Sex (state whether male or female),

Male

2. Race or Color (if not of the white race),

White

3. Date of Birth,

Feb 28 1887

4. Place of Birth (Street and Number),

1247 Baltimore

5. Full Name of Mother,

Fannie Shultz

6. Mother's Maiden Name,

" Phillips

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Conrad Shultz

9. Father's Occupation,

Printer

10. Father's Birthplace,

Germany

Name of Medical Attendant, or other person who makes this Return.

Mrs Rose Ulric

Address,

1302 Halland

Remarks,

RETURN OF A BIRTH 72.558.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

7d

Sex (state whether male or female),

female

2. Race or Color (if not of the white race),

white

3. Date of Birth,

Febr 23. 87.

4. Place of Birth (Street and Number),

1511 W Baltimore st.

5. Full Name of Mother,

Johanna Neuhaus

6. Mother's Maiden Name,

Marcus

7. Mother's Birthplace,

Germania

8. Full Name of Father,

Moris Neuhaus

9. Father's Occupation,

Manufacturer of electric Bando

10. Father's Birthplace,

Germania

Name of Medical Attendant, or other person who makes this Return.

E. Duman

Address,

1927 W Lombard st.

Remarks,

RETURN OF A BIRTH 9235'9.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

5 Child

1. Sex (state whether male or female),

female

2. Race or Color (if not of the white race),

White

3. Date of Birth,

Feb 28

4. Place of Birth (Street and Number),

206 E. Lexington St.

5. Full Name of Mother,

Mary E. Manning

6. Mother's Maiden Name,

Morgan

7. Mother's Birthplace,

Germany

8. Full Name of Father,

John Manning

9. Father's Occupation,

laborer

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other person who makes this Return.

Mrs. Wiley

Address,

No 611 Patterson Park Ave

Remarks,



RETURN OF A BIRTH, 92360

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Fifth Child*
 Sex (state whether male or female), *Female*
 Race or Color (if not of the white race), *White*
 Date of Birth, *February 2*
 Place of Birth (Street and Number), *No. 2242 Cambridge St.*
 Full Name of Mother, *Annie M. Foster*
 Mother's Maiden Name, *Annie M. Foster*
 Mother's Birthplace, *Iones Sea*
 Full Name of Father, *John H. Feldthausen*
 Father's Occupation, *Labor*
 Father's Birthplace, *Charleston S.C.*
 Name of Medical Attendant, or other person who makes this Return. *Mrs. Wiley*
 Address, *No. 611 Patterson Park.*
 Remarks, *Called in Doctor Lenore*



RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st* (42361)

1. Sex, (state whether male or female) *Female*

2. Race or Color, (if not of the white race) *Black*

3. Date of Birth, *July 3, 1887*

4. Place of Birth, (Street and Number) *1111, Avenue M*

5. Full Name of Mother, *Theresa E. E. Jones*

6. Mother's Maiden Name, *W. Jones (except illegitimacy)*

7. Mother's Birthplace, *Baltimore, Maryland*

8. Full Name of Father, *John Jones*

9. Father's Occupation, *Driver*

10. Father's Birthplace, *Baltimore, Maryland*

Name of Medical Attendant, or other Person who makes this Return *Dr. C. Shannon*

Address, *1134 Pennsylvania Ave.*

Remarks, *I make this report under oath of exceptions in printed law on this subject. I am a Baltimorean.*



For a fine of ten dollars for each offense, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH *72362*

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2^d*

1. Sex (state whether male or female),

Male.

2. Race or Color (if not of the white race),

White.

3. Date of Birth,

Feb 23. 1887

4. Place of Birth (Street and Number),

411 N Bond St.

5. Full Name of Mother,

Clara Saulsbury.

6. Mother's Maiden Name,

Clara Vandergriff.

7. Mother's Birthplace,

Philadelphia City.

8. Full Name of Father,

James Saulsbury.

9. Father's Occupation,

Officer in the City of Baltimore.

10. Father's Birthplace,

Baltimore City.

Name of Medical Attendant, or other person who makes this Return.

J. W. Chambers

Address,

133 N. Egle St.

Remarks,



RETURN OF A BIRTH 72363.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)



1. Sex (state whether male or female),

2. Race or Color (if not of the white race),

3. Date of Birth,

4. Place of Birth (Street and Number),

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks,

Feb 23 - 87

No 917 Mc Donogh St

Jena. J. Phillippo

Jena. J. Smith

Balti

Lee. White Phillippo

Brass Finisher

Balti

Mrs Mary A. Allwee

912 Mc Donogh St Cig

RETURN OF A BIRTH 93.64.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2nd

Sex, (state whether male or female) ..

Male

Race or Color, (if not of the white race) ..

White

Date of Birth, ..

Feb. 28th 1893

Place of Birth, (Street and Number)

226 N. Carroll St.

Full Name of Mother, ..

Lizzie Lissler

Mother's Maiden Name, ..

Braun

Mother's Birthplace, ..

Baltimore

Full Name of Father, ..

John Lissler Jr.

Father's Occupation, ..

Painter

Father's Birthplace, ..

Baltimore

Name of Medical Attendant, or other Person who makes this Return

H. T. Remondt M.D.

Address, ..

722 Chesapeake St.

Remarks, ..

RETURN OF A BIRTH, 92365.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

Name Gertrude Mitchell

Sex of Child of Mother, (state whether 1st, 2d, 3d, &c.) second

Sex (state whether male or female) female

Race or Color, (if not of the white race) colored

Date of Birth Wednesday February 23 1887

Place of Birth, (Street and Number) 816 North Spring Street

Full Name of Mother Maggie Mitchell

Mother's Maiden Name Maggie Marshall

Mother's Birthplace 816 North Spring Street

Full Name of Father John Stanley Mitchell

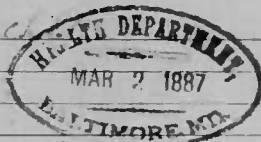
Father's Occupation Cigar maker

Father's Birthplace Shaver Street

Name of Medical Attendant, or other Person who makes this return. Miss Annie Lanier

Address 7 main alley near west street

Remarks Mother and child doing well



GIVEN IN FULL 4-29-53

h.m.

RETURN OF A BIRTH 93366.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st*
- Sex, (state whether male or female) *Male*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *February 23*
4. Place of Birth, (Street and Number) *No. East Baltimore*
5. Full Name of Mother, *Mrs. Caroline Clendenen*
6. Mother's Maiden Name, *Miss Caroline C. Collins*
7. Mother's Birthplace, *Baltimore, Md.*
8. Full Name of Father, *Mr. Daniel Clark*
9. Father's Occupation, *Carpenter*
10. Father's Birthplace, *No. 26 1/2 Baltimore, Md.*
- Name of Medical Attendant, or other Person who makes this Return, *Wm. C. Clendenen M.D.*
- Address, *No. 418 South Broadway*
- Remarks,



RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether male or female),

2. Race or Color (if not of the white race),

3. Date of Birth,

4. Place of Birth (Street and Number),

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

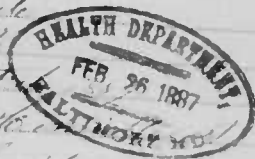
9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks,



RETURN OF A BIRTH, 73368.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

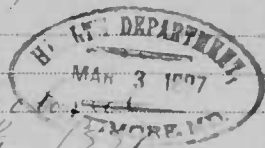
- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7
1. Sex (state whether male or female) female
2. Race or Color, (if not of the white race) White
3. Date of Birth February 24 1887
4. Place of Birth, (Street and Number) North Washington St 379 old corner
5. Full Name of Mother Alice Taylor
6. Mother's Maiden Name Alice Sunderland
7. Mother's Birthplace Baltimore
8. Full Name of Father Samuel Taylor
9. Father's Occupation Bricklayer
10. Father's Birthplace Baltimore
- Name of Medical Attendant, or other Person who makes this Return. Amanda Harine
- Address 611 North Eden St
- Remarks



RETURN OF A BIRTH 92369.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6
1. ☒ Male, (state whether male or female) Male
2. Race or Color, (if not of the white race) Caucasian
3. Date of Birth, January 14th 1897
4. Place of Birth, (Street and Number) 519 Walnut Alley
5. Full Name of Mother, Jennett Longson
6. Mother's Maiden Name, Jennett Oliver
7. Mother's Birthplace, Baltimore
8. Full Name of Father, George Longson
9. Father's Occupation, Postman
10. Father's Birthplace, Baltimore
- Name of Medical Attendant, or other Person who makes this return, Carolina Cook
- Address, 37 Chestnut Alley
- Remarks, _____



RETURN OF A BIRTH 92370

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex (state whether male or female), Male

2. Race or Color (if not of the white race), White

3. Date of Birth, Feb 24th

4. Place of Birth (Street and Number), 1921 1st St.

5. Full Name of Mother, Carrie K. Taylor

6. Mother's Maiden Name, Carrie K. Taylor

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Harry M. Taylor

9. Father's Occupation, Marine Engineer

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. Charles E. Rice

Address, Room Number 1611, Old 321 East Monument St.

Remarks, _____



RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Sex (state whether male or female),

2. Race or Color (if not of the white race),

3. Date of Birth,

4. Place of Birth (Street and Number),

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks,

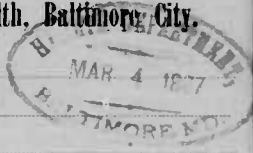


1st
 White
 Feb. 2
 1222 Greenmount Ave.
 Agnes Peters
 " Owens
 Balto. Co. Md
 J. George Peters
 Sailor
 Baltimore Md
 Dr. Jno. Brooke Boyle
 1001 N. Calvert St

RETURN OF A BIRTH 92372.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *4th*
- Sex, (state whether male or female) *Male*
- Race or Color, (if not of the white race) *White*
- Date of Birth, *February 24th 1877*
- Place of Birth, (Street and Number) *143 Randall St.*
- Full Name of Mother, *Alice E. Morris*
- Mother's Maiden Name, *Tipton*
- Mother's Birthplace, *Ind.*
- Full Name of Father, *James S. Morris*
- Father's Occupation, *Engineer*
- Father's Birthplace, *Ind.*
- Name of Medical Attendant, or other Person who makes this Return, *Robert S. Rowland D.*
- Address, *1019 Light St.*
- Remarks.



RETURN OF A BIRTH *45373.*

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *first*

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race) *Colored*

3. Date of Birth, *24 February*

4. Place of Birth, (Street and Number) *215 Wayne st*

5. Full Name of Mother, *Mary Louise Roberts*

6. Mother's Maiden Name, *Mary Louise Butler*

7. Mother's Birthplace, *Barnell County*

8. Full Name of Father, *John Wilson Roberts*

9. Father's Occupation, *Arabic*

10. Father's Birthplace, *Baltimore*

Name of Medical Attendant, or other Person who makes this Return. *Millie Gross*

Address, *227 York street*

Remarks,



RETURN OF A BIRTH 92374

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *4th Child*
1. Sex, (state whether male or female) *Girl*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *24th of February 1885*
4. Place of Birth, (Street and Number) *No 9 North Baltimore*
5. Full Name of Mother, *Fanny Reid*
6. Mother's Maiden Name, *Fanny Schwartzkopf*
7. Mother's Birthplace, *Baltimore*
8. Full Name of Father, *Charlie Schwartzkopf*
9. Father's Occupation, *Plumber*
10. Father's Birthplace, *Germany*
- Name of Medical Attendant, or other Person who makes this Return, *Crescentia Kunkel*
- Address, *N 213 North Chapel Street for Justina Kunkel*
- Remarks, *Healthy*



RETURN OF A BIRTH.

92375

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

6th

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race)

3. Date of Birth

Feb 24th 1887

4. Place of Birth (Street and Number)

1616 N Gilman St

5. Full Name of Mother

Roscy E Love

6. Mother's Maiden Name

Eustach - Widow Kelley, then Widow Johnson
Syracuse N.Y.

7. Mother's Birthplace

8. Full Name of Father

Marcellus Webster Love

9. Father's Occupation

Car Driver

10. Father's Birthplace

Baltimore

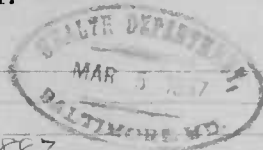
Name of Medical Attendant, or other Person who makes this Return.

Elias C Price

Address

953 Madison Ave

Remarks



RETURN OF A BIRTH ^{9234/61}

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Second,*
- Sex, (state whether male or female) *Female*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *Feb. 24 1887*
4. Place of Birth, (Street and Number) *Hetermite 1134 115 W. Lombard St.*
5. Full Name of Mother, *Henrietta Hunter,*
6. Mother's Maiden Name, *Do.*
7. Mother's Birthplace, *Washington, D. C.*
8. Full Name of Father, _____
9. Father's Occupation, _____
10. Father's Birthplace, _____
- Name of Medical Attendant, or other Person who makes this Return. *L. F. Quirk M.D.*
- Address, *1134 115 W. Lombard St.,*
- Remarks, _____



RETURN OF A BIRTH ⁹²³⁷⁷

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Third

Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

24 Feb. 24 1897

4. Place of Birth, (Street and Number)

Metemite 1134 115 W. Lombard St

5. Full Name of Mother,

Julia Sherley

6. Mother's Maiden Name,

Ca.

7. Mother's Birthplace,

Maryland

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

D. F. Ankrim, M.D.

Address,

1134 115 W. Lombard St.

Remarks,

RETURN OF A BIRTH. 71378.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *3rd.*

Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth *July. 24. 1857*

4. Place of Birth, (Street and Number) *957 E. Eager St.*

5. Full Name of Mother, *George Frank*

6. Mother's Maiden Name, *Myers*

7. Mother's Birthplace, *Wanam, Co. Penn^a.*

8. Full Name of Father, *Christian G. Frank*

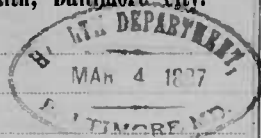
9. Father's Occupation, *Teacher*

10. Father's Birthplace, *Franklin Co. Penn^a.*

Name of Medical Attendant, or other Person who makes this Return. *Wm. A. Hartman M.D.*

Address, *1121 1/2 Caroline St.*

Remarks, *171*



RETURN OF A BIRTH 92379

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex (state whether male or female),

2. Race or Color (if not of the white race),

3. Date of Birth,

4. Place of Birth (Street and Number),

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return.

Address, No 1600 Chestnut st near Baltimore

Remarks,



RETURN OF A BIRTH ^{92380.}

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Third One*

1. Sex (state whether male or female), *Male*

2. Race or Color (if not of the white race), *White*

3. Date of Birth, *Feb. 24*

4. Place of Birth (Street and Number), *Baltimore*

5. Full Name of Mother, *Lizzie Rudolph*

6. Mother's Maiden Name, *Lizzie Kuhnelt*

7. Mother's Birthplace, *Baltimore*

8. Full Name of Father, *C. Louis Rudolph*

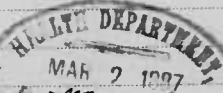
9. Father's Occupation, *Cigar Box maker*

10. Father's Birthplace, *Baltimore*

Name of Medical Attendant, or other person who makes this Return, *Dr. H. H. H. H.*

Address, *1000 N. E. St.*

Remarks,



RETURN OF A BIRTH 92381.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Whitney W. Jones

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether male or female),

2. Race or Color (if not of the white race),

3. Date of Birth,

4. Place of Birth (Street and Number),

5. Full Name of Mother,

6. Mother's Maiden Name, "

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks,



146 Yorkman
139 Montgomery

Elizabeth (Laura) Jones
Pearson

1300
William C. Jones

Cythera Packer
Balt.

1491 N. Yorkman

106 Pearson

RETURN OF A BIRTH 92382.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

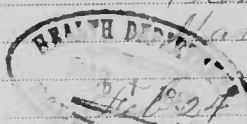
4 Child

1. Sex (state whether male or female),

Male

2. Race or Color (if not of the white race),

3. Date of Birth,



4. Place of Birth (Street and Number),

1424 1424 E. Harbor St

5. Full Name of Mother,

Katie Walter

6. Mother's Maiden Name,

Steinmiller

7. Mother's Birthplace,

Germany

8. Full Name of Father,

George Walter

9. Father's Occupation,

Cigar man

10. Father's Birthplace,

America

Name of Medical Attendant, or other person who makes this Return.

Schwasser, Michael

Address,

1032 Kanawha St

Remarks,

RETURN OF A BIRTH 9.2.383.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Sex (state whether male or female),

2. Race or Color (if not of the white race),

3. Date of Birth,

4. Place of Birth (Street and Number),

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks,

1st
Male
White
H. L. DEPT. 24TH
MAY 5 1887
J. C. BURCH
Stone Cutter
Virginia
J. C. Burch M.D.
511 Hanover St

RETURN OF A BIRTH. 92384

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2nd

Sex, (state whether male or female) female

2. Race or Color, (if not of the white race) white

3. Date of Birth Feb 24 1887

4. Place of Birth, (Street and Number) 212 N. Chester St Baltimore City

5. Full Name of Mother, Augusta D. Longe

6. Mother's Maiden Name, Heltze

7. Mother's Birthplace, Baltimore City

8. Full Name of Father, John Longe

9. Father's Occupation, Boat Keeper

10. Father's Birthplace, Bremen Europe

Name of Medical Attendant, or other Person who makes this Return, M. A. Davenport

Address, 225 S. Ann St

Remarks, Baby has Pteryg Tumor on spine & is Deformed in feet - one ^{is} bent, & pinched. Mother does not wish



RETURN OF A BIRTH. 92385.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

121 -

Sex, (state whether male or female)

female

2. Race or Color, (if not of the white race)

white

3. Date of Birth

Feb. 2



4. Place of Birth, (Street and Number)

440 N. Front -

5. Full Name of Mother,

Laura Hornell

6. Mother's Maiden Name,

McGlone

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Stephen G. Hornell

9. Father's Occupation,

Car - Driver

10. Father's Birthplace,

Ind.

Name of Medical Attendant, or other Person who makes this Return.

D. Hunt, M.D.

Address,

403 N. E. 2nd -

Remarks,

RETURN OF A BIRTH 92386.

Registrar of Vital Statistics, Board of Health, Baltimore City.

Sex, (state whether ~~1st~~, 2d, 3d, &c.)

Male ☒ female ☐

Color, (state whether of the white race)



Date, Feb. 24, 1887

Street and Number, 8 W. Bond St.

Maternal Name, Mary Minnoch Bond

Name, Mary Minnoch

Place, Baltimore

Father, Nicholas P. Bond

Occupation, Lawyer

Place, Baltimore

Attendant, or other Person who makes this Return.

J. P. Horvath

804 Madison Ave

RETURN OF A BIRTH 93387.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female).

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

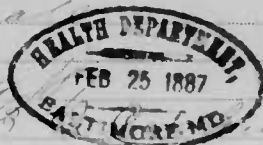
9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,



RETURN OF A BIRTH 93388.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2
- Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) Caucasian
3. Date of Birth, February 26, 1887
4. Place of Birth, (Street and Number) 137 Campbell
5. Full Name of Mother, Mary Jane Morris
6. Mother's Maiden Name, Mary Jane Plummer
7. Mother's Birthplace, Baltimore Md
8. Full Name of Father, Danill Morris
9. Father's Occupation, Laborer
10. Father's Birthplace, Baltimore
- Name of Medical Attendant, or other Person who makes this Return, Dr. J. J. Miller
- Address, 115 Maple Street
- Remarks,

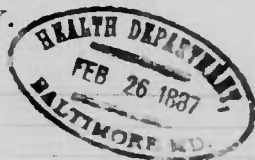


RETURN OF A BIRTH.

95389.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race)

3. Date of Birth

4. Place of Birth (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

caln
White
Feb 24/87
1015 E. Baiter
Elizabeth Shultz
Miller

us
Robert A Shultz
Organ Repairer

us
E. W. Cleaveland M.D.
1015 E. Baiter

RETURN OF A BIRTH 92.390.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2

● Sex (state whether male or female),

Female

2. Race or Color (if not of the white race),

White

3. Date of Birth,

24 Feb

4. Place of Birth (Street and Number),

5. Full Name of Mother,

Annie Highland

6. Mother's Maiden Name,

Laidler

7. Mother's Birthplace,

8. Full Name of Father,

William Highland

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks,



RETURN OF A BIRTH 92391.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) Colored

3. Date of Birth: Feb-27-1897

4. Place of Birth, (Street and Number) 126 1/2 N. St

5. Full Name of Mother, Louisa Dowdy

6. Mother's Maiden Name, Louisa Smith

7. Mother's Birthplace, Scamias Co. Va

8. Full Name of Father, John Dowdy

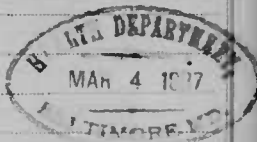
9. Father's Occupation, Stevedore

10. Father's Birthplace, Scamias Co. Va

Name of Medical Attendant, or other Person who makes this Return.

Address, 34 Boyd St.

Remarks,



RETURN OF A BIRTH 92392.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *3*

Sex, (state whether male or female) *female*

2. Race or Color, (if not of the white race) *colored*

3. Date of Birth, *24 Feb.*

4. Place of Birth, (Street and Number) *Pringle Park Frederick Co.*

5. Full Name of Mother, *Tucker*

6. Mother's Maiden Name, *Jackson*

7. Mother's Birthplace, *Pringle Park Frederick Co.*

8. Full Name of Father, *Jim Tucker*

9. Father's Occupation, *Cypher Shaver*

Father's Birthplace, *Bethesda*

Name of Medical Attendant, or other Person who makes this Return, *Met New Corbett*

Address, *34 Boyd St.*

Remarks,



RETURN OF A BIRTH 92393.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

Sex, (state whether male or female) female

2. Race or Color, (if not of the white race)

3. Date of Birth, Feb. 24, 1888

4. Place of Birth, (Street and Number) 1605 N. Avenue

5. Full Name of Mother, Ella Weber

6. Mother's Maiden Name, " Wilson

7. Mother's Birthplace, Balto. Md.

8. Full Name of Father, Joseph Weber

9. Father's Occupation, paper hanger

10. Father's Birthplace, Balto. Md.

Name of Medical Attendant, or other Person who makes this Return, Caroline Miller

Address, 1605 Walker St Balto. Md.

Remarks,



RETURN OF A BIRTH *92,394.*

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1111 0004
No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2
Sex, (state whether male or female)

Female
2. Race or Color, (if not of the white race)

White
3. Date of Birth.

Feb'y 24 87.
4. Place of Birth, (Street and Number)

86 E. Eager
5. Full Name of Mother.

Lulu Morris
6. Mother's Maiden Name,

" McConkey
7. Mother's Birthplace,

Md.
8. Full Name of Father.

R. R. S. Morris
9. Father's Occupation,

Dentist,
10. Father's Birthplace,

Md.
Name of Medical Attendant, or other person who makes this return.

J. H. Robinson, M.D.
Address,

775 Spring Lane
Remarks,



RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1*

1. Sex (state whether male or female), *Female*

2. Race or Color (if not of the white race),

3. Date of Birth,

4. Place of Birth (Street and Number), *1719 Bond st*

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks,



Feb 24 1887

Caroline Meyer

" " Yatchewitz

William Meyer

Gov. molder

*Beth
Beth*

Beth

Lizzy Beth

1744 Bond st

RETURN OF A BIRTH

92396

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race)

3. Date of Birth, July 24th 1887

4. Place of Birth, (Street and Number) Calverton

5. Full Name of Mother, Catherine Agnes Brown

6. Mother's Maiden Name, Murray

7. Mother's Birthplace, Ireland

8. Full Name of Father, David Brown

9. Father's Occupation, Cigar Dealer

10. Father's Birthplace, Ireland

Name of Medical Attendant, or other Person who makes this Return, Geo. B. Reynolds M.D.

Address, 711 N. Calvert St. Balt.

Remarks,



RETURN OF A BIRTH 92397

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

Sex of Child of Mother, (state whether 1st, 2d, 3d, &c.)..

Sex, (state whether male or female) ..

Race or Color, (if not of the white race) ..

Date of Birth,

Place of Birth, (Street and Number)

Full Name of Mother,.....

Mother's Maiden Name,

Mother's Birthplace,

Full Name of Father,

Father's Occupation,

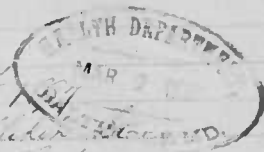
Father's Birthplace,

Name of Medical Attendant, or other Person who
make this Return

Address,

Remarks,

1st
Male
White
Feb 24 1897
1507 Mulberry Street
Mrs. M. Lewis
Baltimore
Jan. M. Lewis
Painter
Baltimore Co.
H. H. Lewis M.D.
722 Bingham St.



RETURN OF A BIRTH 72398

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

4th

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

24th February 1883

4. Place of Birth, (Street and Number)

1233 Division St. Balt.

5. Full Name of Mother,

Alice Elizabeth Gorce

6. Mother's Maiden Name,

Alice Elizabeth Clauser

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

William Henry Gorce

9. Father's Occupation,

B. & O. R. R. Baggage Express Driver

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return.

Mrs Marshall

Address,

1119 Pearl St

Remarks,

RETURN OF A BIRTH *92399.*

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st*

1. Sex (state whether male or female), *Male*

2. Race or Color (if not of the white race), *White*

3. Date of Birth, *24 of Feb.*

4. Place of Birth (Street and Number), *W. 24 Baltimore*

5. Full Name of Mother, *Elena Selway*

6. Mother's Maiden Name, *Elena Cook*

7. Mother's Birthplace, *Baltimore*

8. Full Name of Father, *John Selway*

9. Father's Occupation, *Laborer*

10. Father's Birthplace, *Baltimore*

Name of Medical Attendant, or other person who makes this Return, *John W. Harker*

Address, *1017 West St*

Remarks,



RETURN OF A BIRTH ^{92400.}

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,

Dr. C. L. Lauer

No. 1139, Lafayette

East

B. S. G.

1. Sex, *Male*. No. of Child of Mother, *2*

2. Race or Color, *White*

3. Date, *Feb 25* th

4. ☒ of Birth, *218 Parkin St*

5. Full Name of Mother, *Maggie Clange*

6. Mother's Maiden Name, *II. Lester*

7. Mother's Birthplace, *Ireland*

8. Full Name of Father, *Leas Claxidge*

9. Father's Occupation, *Laborer*

10. Father's Birthplace, *Baltimore*

☒ *Mrs. H. Horgan* who

412 Scott St

OF A BIRTH *92401*

Statistics, Board of Health, Baltimore City.

2d, 3d, &c.)



RETURN OF A BIRTH 921102.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

3

1. Sex (state whether male or female),



Female

2. Race or Color (if not of the white race),

3. Date of Birth,

February 7

4. Place of Birth (Street and Number),

No 513 S. Chester St

5. Full Name of Mother,

Minnie McDaniel

6. Mother's Maiden Name,

Murdoch

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

John McDaniel

9. Father's Occupation,

Laborer

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other person who makes this Return.

Mrs Louise Kraft

Address,

No 405 S Washington

Remarks,

RETURN OF A BIRTH 92403.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

8

1. Sex (state whether male or female),

Male

2. Race or Color (if not of the white race),

3. Date of Birth,

February 25/87

4. Place of Birth (Street and Number),

No 251 Spring St.

5. Full Name of Mother,

Mary Geiger

6. Mather's Maiden Name,

Kohlmann

7. Mather's Birthplace,

Baltimore

8. Full Name of Father,

John Geiger

9. Father's Occupation,

Laborer

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other person who makes this Return.

Mrs. Louise Craft

Address,

No 405 S. Washington St

Remarks,

"

RETURN OF A BIRTH ⁹²⁴⁰⁴

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *3rd*

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *Feb 25*

4. Place of Birth, (Street and Number) *815 Columbia Ave*

5. Full Name of Mother, *Caroline Dankmeier*

6. Mother's Maiden Name, *Ahle*

7. Mother's Birthplace, *Catonsville Balt. County*

8. Full Name of Father, *Charles Dankmeier*

9. Father's Occupation, *Baker*

10. Father's Birthplace, *Baltimore*

Name of Medical Attendant, or other Person who makes this Return, *C. J. Bucklebohn*

Address, *610 N. Pine St*

Remarks, _____



RETURN OF A BIRTH *92408*

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

3 child

1. Sex (state whether male or female),

Girl

2. Race or Color (if not of the white race),

White

3. Date of Birth,

25th Feb - 1887

4. Place of Birth (Street and Number),

No. 1800. Dover St.

5. Full Name of Mother,

Mrs. Maggie Arnold

6. Mother's Maiden Name,

Miss Maggie Reese.

7. Mother's Birthplace,

Baltimore. Md

8. Full Name of Father,

Mr. George Arnold.

9. Father's Occupation,

Laborer

10. Father's Birthplace,

Baltimore Md.

Name of Medical Attendant, or other person who makes this Return.

Mrs. Hiller.

Address,

old. 1017. West Pratt Str

Remarks,

RETURN OF A BIRTH 92486.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *84*

1. Sex (state whether male or female), *Female*

2. Race or Color (if not of the white race),

3. Date of Birth, *Feb 25*

4. Place of Birth (Street and Number), *1415 E. Pratt St.*

5. Full Name of Mother, *Maggie Hannian*

6. Mother's Maiden Name, *Hannian*

7. Mother's Birthplace, *Baltimore*

8. Full Name of Father, *William Hannian*

9. Father's Occupation, *Occupation Livery Stable*

10. Father's Birthplace, *Baltimore*

Name of Medical Attendant, or other person who makes this Return. *Mary Shinn*

Address, *1424 E. Pratt St.*

Remarks,



RETURN OF A BIRTH ^{92407.}

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *(Second) (2)*

1. Sex, (state whether male or female)

Girl

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Feb. 25th - 87

4. Place of Birth, (Street and Number)

1249 Hare St

5. Full Name of Mother,

Marie Supscuch

6. Mother's Maiden Name,

Marie Venyske

7. Mother's Birthplace,

Karnechke

8. Full Name of Father,

Joseph Venyske

9. Father's Occupation,

Laborer

10. Father's Birthplace,

Karnechke

Name of Medical Attendant, or other Person who makes this Return.

Pauline Larsemann

Address,

1225 Hare St

Remarks,

None



RETURN OF A BIRTH ^{92408.}

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. ☒ (state whether male or female),

Male

2. Race or Color (if not of the white race),

3. Date of Birth,

25 February

4. Place of Birth (Street and Number),

18 Market space

5. Full Name of Mother,

Annie Marcuse

6. Mother's Maiden Name,

Livermann

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Nathan Marcuse

9. Father's Occupation,

Clothier

10. Father's Birthplace,

Baltimore

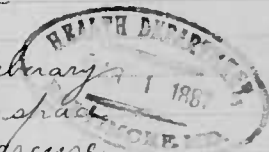
Name of Medical Attendant, or other person who makes this Return.

Sarah Casper

Address,

1016 E. Lombard

Remarks,



RETURN OF A BIRTH ^{92409.}

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) Caucasian

3. Date of Birth, Feb 25th

4. Place of Birth, (Street and Number) No 16 Boyd St

5. Full Name of Mother, Louise Butler

6. Mother's Maiden Name, Louise Hall

7. Mother's Birthplace, No 16 Boyd St

8. Full Name of Father, John Butler

9. Father's Occupation, Writer

10. Father's Birthplace, Cornwall Co. Md

Name of Medical Attendant, or other Person who makes this Return, Miss Ann Cornish

Address, 34 Boyd St

Remarks,



RETURN OF A BIRTH 924101

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

of Child of Mother. (state whether 1st, 2d, 3d, &c.)

2

Sex. (state whether male or female)

Male

Race or Color, (if not of the white race)

Colored

Date of Birth,

Feb 25 1887

Place of Birth, (Street and Number)

58 H. West St.

Full Name of Mother...

Caroline Cornish

Mother's Maiden Name,

Caroline Cornish

Mother's Birthplace,

Balto. Md.

Full Name of Father,

Samuel Scott

Father's Occupation,

Stone Dresser

Father's Birthplace,

Annapolis Md.

Name of Medical Attendant,

or other Person who makes this Return
Carline Moore

Address,

58 H. West St.

Remarks,



RETURN OF A BIRTH 92411.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st Child.

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

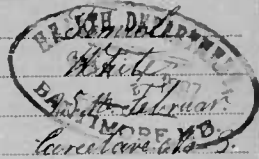
9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,



Lizzie Grunau

Becker

Baltimore

Emel Grunau

Hagg Aba Baltimore Ohio

Apt. Prussia Germany

Lizzie Grunau

Baltimore Ter Low St. 1708.

RETURN OF A BIRTH

92412.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

Child of Mother, (state whether 1st, 2d, 3d, &c.)

Sex, (state whether male or female).

Race or Color, (if not of the white race)

Date of Birth,

Place of Birth, (Street and Number)

Full Name of Mother,

Mother's Maiden Name,

Mother's Birthplace,

Full Name of Father,

Father's Occupation,

Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,

This child was illegitimate as its father is not known to me.



Female
White
Ab. 25th 1887
118 Market Space.
Ida Garnet or Yates.
Pa.

Alfred B. Ellis, M. D.
1837 Bolton St.

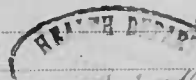
RETURN OF A BIRTH 92.1113.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2 Child

1. Sex (state whether male or female),



Male

2. Race or Color (if not of the white race),

3. Date of Birth,

217 Hamburg st
Feb 25 1887

4. Place of Birth (Street and Number),

5. Full Name of Mother,

Mary Rossmann

6. Mother's Maiden Name,

Brasser

7. Mother's Birthplace,

Germany

8. Full Name of Father,

William Bohman

9. Father's Occupation,

Laborer

10. Father's Birthplace,

Germany

Name of Medical Attendant, or other person who makes this Return.

J. Schwasser M.D.

Address,

1032 Kanover st

Remarks,

373
Johanna Bohman

RETURN OF A BIRTH

92414

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4 child

1. Sex, (state whether male or female) male

2. Race or Color, (if not of the white race) white

3. Date of Birth, 25 11 1907

4. Place of Birth, (Street and Number) Street 100 alley 100

5. Full Name of Mother, Mrs. Martha E. Smith

6. Mother's Maiden Name, Miss Ellen Lobb

7. Mother's Birthplace, Gloucester County Va

8. Full Name of Father, Mr. James H. Smith

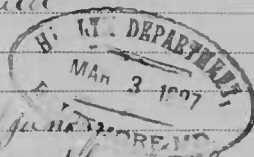
9. Father's Occupation, bookbinder

10. Father's Birthplace, Baltimore Md

Name of Medical Attendant, or other Person who makes this Return, Dr. W. H. Cook

Address, 31 Chesnut ally

Remarks,



RETURN OF A BIRTH ⁴²⁴¹⁵

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,

4 "Child"
Male

White

February 23, 1887

Cor William & Clement

Kate Earle

Donavin

Baltimore Md

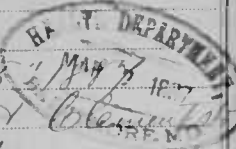
Charles Earle

Engineer B & O

Baltimore Md

Dr A. Clarke M.D.

104 Fort av



RETURN OF A BIRTH 02416

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st*

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race)

3. Date of Birth, *Feb'y 25th 1887*

4. Place of Birth, (Street and Number) *838 1/2 Aspinwall St*

5. Full Name of Mother, *Julia A. Smith*

6. Mother's Maiden Name, *" Laragy*

7. Mother's Birthplace, *Baltimore*

8. Full Name of Father, *Jesse C. Smith*

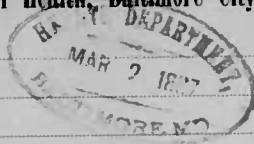
9. Father's Occupation, *Machinist*

10. Father's Birthplace, *Baltimore*

Name of Medical Attendant, or other Person who makes this Return.

Address, *711 N. Carroll St. Baltimore*

Remarks,



RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

5

1. Sex (state whether male or female),

Female

2. Race or Color (if not of the white race),

German

3. Date of Birth,

Feb 23 of 1887

4. Place of Birth (Street and Number),

114 Spring

5. Full Name of Mother,

Esther Wevel

6. Mother's Maiden Name,

Orlander

7. Mother's Birthplace,

Germany

8. Full Name of Father,

Alex. Wevel

9. Father's Occupation,

Sailor

10. Father's Birthplace,

Germany

Name of Medical Attendant, or other person who makes this Return.

Wm. L. Ullery

Address,

1302 Halland St.

Remarks,



RETURN OF A BIRTH ⁹²⁴¹⁸

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5-th

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) Colored

3. Date of Birth, 25th of Feb. 1887

4. Place of Birth, (Street and Number) 14 North Street

5. Full Name of Mother, Mary Read

6. Mother's Maiden Name, Mary Read

7. Mother's Birthplace, Steward County

8. Full Name of Father, George Read

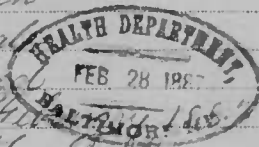
9. Father's Occupation, Bricks-maker

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mary S. Richardson

Address, old 27 Spring Street 315 new

Remarks,



RETURN OF A BIRTH.

92 419.

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex (state whether Male or Female)

Female

2. Race or Color (if not of the white race)

White

3. Date of Birth

Feb 26 1887

4. Place of Birth (Street and Number)

Conor St 136

5. Full Name of Mother

Anna Davidson

6. Mother's Maiden Name

Anna Gine

7. Mother's Birthplace

Bohossico Neck

8. Full Name of Father

Will Davidson

9. Father's Occupation

Car driver

10. Father's Birthplace

Baltimore

Name of Medical Attendant, or other Person who makes this Return.

J A Hulse M D

Address

209 Adelphi St

Remarks

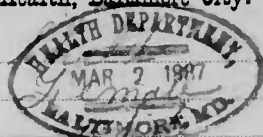


RETURN OF A BIRTH 92420

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

3



Sex (state whether male or female),

2. Race or Color (if not of the white race),

3. Date of Birth,

July 26, 1887

4. Place of Birth (Street and Number),

1153 Johnson St

5. Full Name of Mother,

Gissie Race Rose

6. Mother's Maiden Name,

Gissie

7. Mother's Birthplace,

Pennsylvania

8. Full Name of Father,

John Andrew Rose

9. Father's Occupation,

Labors

10. Father's Birthplace,

Germany

Name of Medical Attendant, or other person who makes this Return.

Dr. J. M. [illegible]

Address,

1000 Leadenhall St.

Remarks,

For each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH *92421.*

of Registrar of Vital Statistics, Board of Health, Baltimore City.

Mother, (state whether 1st, 2d, 3d, &c.) *ph*

other state or female)

(if not of the white race)

2, 26. 87.

h, (Street and Number) *2101 Pa. av.*

Mother, *Mary Virginia Foss*

len Name, *Favie*

hplace, *Balto md*

Father, *John C. Foss*

pation, *(Merchant*

hplace, *Balto md*

ical Attendant, or other Person who makes this Return.

Henry W. Eastman
349 Sixth St



RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

6th

1. Sex, (state whether male or female)

female

2. Race or Color, (if not of the white race)

white

3. Date of Birth,

Feb 28 1887

4. Place of Birth, (Street and Number)

100 Harford St

5. Full Name of Mother,

Lizzie Hemming

6. Mother's Maiden Name,

Lizzie Hart

7. Mother's Birthplace,

Virginia

8. Full Name of Father,

Gustave Hemming

9. Father's Occupation,

Silver Smith

10. Father's Birthplace,

Balt

Name of Medical Attendant, or other Person who makes this Return.

Daniel V. Moyer M.D.

Address,

728 Aisly St

Remarks,

Child named Mary -



RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,



RETURN OF A BIRTH. 9214214

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4th.

1. Sex (state whether Male or Female) F.

2. Race or Color (if not of the white race) W.

3. Date of Birth February 26: 1887 or 2.

4. Place of Birth (Street and Number) 1618 Euteria Pl.

5. Full Name of Mother Mrs. S. Posner

6. Mother's Maiden Name Sholich

7. Mother's Birthplace Balt.

8. Full Name of Father Saml. Posner

9. Father's Occupation Merchant

10. Father's Birthplace Balt.

Name of Medical Attendant,

or other Person who
makes this Return.

Address

201 N. Franklin St.

Remarks.

Normal Labor. Chf.



RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *second* *92425.*

1. Sex, (state whether male or female) *male*

2. Race or Color, (if not of the white race) *colored*

3. Date of Birth *February 26th 1887*

4. Place of Birth, (Street and Number) *No. 6 S. Calvert St*

5. Full Name of Mother, *Daphnia Chaney*

6. Mother's Maiden Name, *Daphnia Chaney*

7. Mother's Birthplace, *Eastern Shore*

8. Full Name of Father, *William Chaney*

9. Father's Occupation, *Farmer*

10. Father's Birthplace, *Eastern Shore*

Name of Medical Attendant, *Ellen Ferguson*
or other Person who makes this return.

Address, *No. 1123 Calvert St*

Remarks, *none*



RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. ☒ x. (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. ☒ ther's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,



RETURN OF A BIRTH 92427

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

Child of Mother, (state whether 1st, 2d, 3d, &c.)

4th

Sex, (state whether male or female)

Male

Race or Color, (if not of the white race)

White

Date of Birth,

Feb 26th 1887

Place of Birth, (Street and Number)

102 Lu St City

Full Name of Mother,

Hannette Hughes

Mother's Maiden Name,

Cramer

Mother's Birthplace,

Ind Co Ind

Full Name of Father,

Wendee Hughes

Father's Occupation,

Merchant

Father's Birthplace,

Baeto City

Name of Medical Attendant, or other Person who makes this Return.

J. H. Curry

Address,

76 S Para St

Remarks,



RETURN OF A BIRTH ⁹³⁴⁵⁸

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *4th*

1. Sex, (state whether male or female) *Female*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *Nov 26th*

4. Place of Birth, (Street and Number) *441 S. Stricker*

5. Full Name of Mother, *Mary Ann Burns*

6. Mother's Maiden Name, *Mary Ann Jones*

7. Mother's Birthplace, *England*

8. Full Name of Father, *John P. Burns*

9. Father's Occupation, *Laborer*

10. Father's Birthplace, *Baltimore*

Name of Medical Attendant, or other Person who makes this Return, *R. F. Phillips*

Address, *735 - N. Lombard St*

Remarks,



RETURN OF A BIRTH. *72439.*

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *187*

Sex, (state whether male or female)

Female.

2. Race or Color, (if not of the white race)

white

3. Date of Birth

July 26. 1887

4. Place of Birth, (Street and Number)

327 N. Charles St. New No.

5. Full Name of Mother,

Mrs. Estelle Dumbrocco Cunningham

6. Mother's Maiden Name,

Estelle Dumbrocco

7. Mother's Birthplace,

Kent Co Md

8. Full Name of Father,

Dr J J Cunningham

9. Father's Occupation,

Dentist

10. Father's Birthplace,

Kent Co Md

Name of Medical Attendant, or other Person who makes this Return.

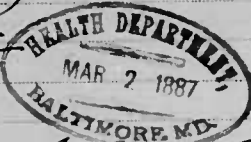
Arthur A. Thomas M.D.

Address,

New No 321 N Charles St

Remarks,

Foetling Case - Chloroform administered.



RETURN OF A BIRTH *73430*

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *8th*

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race)

3. Date of Birth, *Feb 26th 87*

4. Place of Birth, (Street and Number) *1001 Pennsylvania Av*

5. Full Name of Mother, *Laura V. Collins*

6. Mother's Maiden Name, *Laura V. Carrigan*

7. Mother's Birthplace, *Md*

8. Full Name of Father, *Chas' A Collins*

9. Father's Occupation, *Tobacconist*

10. Father's Birthplace, *Md*

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,



Miller Mrs
639 Franklin St.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

4

(92431)

1. Sex (state whether male or female),

Female

2. Race or Color (if not of the white race),

German

3. Date of Birth,

Feb 26 7/1887



4. Place of Birth (Street and Number),

67 Mulberry

5. Full Name of Mother,

Hennetta Brown

6. Mother's Maiden Name,

Hersensatun

7. Mother's Birthplace,

Balt. Md

8. Full Name of Father,

Leopold Brown

9. Father's Occupation,

Clerk

10. Father's Birthplace,

Germany

Name of Medical Attendant, or other person who makes this Return.

Mrs. B. Ullig

Address,

1302 Hollander St

Remarks,

RETURN OF A BIRTH 93433

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. Sex, (state whether male or female) male

2. Race or Color, (if not of the white race) colored

3. Date of Birth. Feb 26

4. Place of Birth, (Street and Number) 28 Booth St.

5. Full Name of Mother,

6. Mother's Maiden Name. Leroy

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Sam Leroy

9. Father's Occupation, market man

10. Father's Birthplace, Frederick Co Md

Name of Medical Attendant, or other Person who makes this Return.

Address, 34 Boyd St.

Remarks,



RETURN OF A BIRTH ^{22433.}

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Anna May Eifert

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,

GIVEN NAME ADDED.

3-14-52

RETURN OF A BIRTH.

934234

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st child*
1. Sex (state whether male or female) *female*
2. Race or Color (if not of the white race) *white*
3. Date of Birth *26th of February*
4. Place of Birth (Street and Number) *New 2d St. South Baltimore*
5. Full Name of Mother *Ellen M. Doughty*
6. Mother's Maiden Name *Ellen M. Doughty*
7. Mother's Birthplace *Long Island*
8. Full Name of Father *John J. Doughty*
9. Father's Occupation *laborer*
10. Father's Birthplace *Long Island*
- Name of Medical Attendant, or other Person who makes this Return. *Mrs. H. H. Fisher*
- Address *New 2d St. Medicine Alley*
- Remarks



RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

5th child

1. Sex (state whether male or female),

Male

2. Race or Color (if not of the white race),

White

3. Date of Birth,

Feb 26

4. Place of Birth (Street and Number),

Baltimore

5. Full Name of Mother,

Mrs Kate Smith

6. Mother's Maiden Name,

" Lennane

7. Mother's Birthplace,

Balto. Md

8. Full Name of Father,

Edward Smith

9. Father's Occupation,

Conductor B & O. R. R.

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other person who makes this Return.

Dr. Brooke Boyle

Address,

1001 N. Calvert St.

Remarks,



RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. ☒ Male (state whether male or female),

2. Race or Color (if not of the white race),

3. Date of Birth,

4. Place of Birth (Street and Number),

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. ☒ Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks,

Fifth
Male
White
26 Feb 1887
103 S. Hicks
Amanda Coy
King
Baltimore
Wm. H. Coy
Clerk
Virginia
John Hood
413 W. Fayette St
Free babe.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether male or female),

2. Race or Color (if not of the white race),

3. Date of Birth,

4. Place of Birth (Street and Number),

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return.

Address,

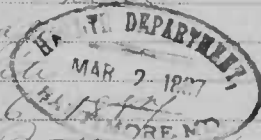
Remarks,



RETURN OF A BIRTH 02438

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

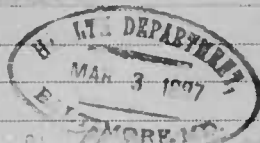
- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th Child
- Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Feb 26 1887
4. Place of Birth, (Street and Number) 1300 Baltimore av
5. Full Name of Mother, Kate Wheeler
6. Mother's Maiden Name, Unmarried
7. Mother's Birthplace, Andover, Mass.
8. Full Name of Father, Edward T. Wheeler
9. Father's Occupation, Engineer B & O RR.
10. Father's Birthplace, Baltimore Md.
- Name of Medical Attendant, or other Person who makes this Return, Dr. A. Leake M.D.
- Address, 184 Fort av
- Remarks, _____



RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *12 - Child*
1. Sex, (state whether male or female) *Male*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *26 Feb.*
4. Place of Birth, (Street and Number) *Co. Hamburg & Thunders*
5. Full Name of Mother, *E. J. Neff*
6. Mother's Maiden Name, *E. J. Neff*
7. Mother's Birthplace, *Pa*
8. Full Name of Father, *John Neff*
9. Father's Occupation, *glass blower*
10. Father's Birthplace, *Germany*
- Name of Medical Attendant, or other Person who makes this Return. *Dr. Joseph Rogers*
- Address, *929 Sharp St. 4*
- Remarks,



RETURN OF A BIRTH.

934400.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Second

1. Sex (state whether male or female)

Female

2. Race or Color (if not of the white race)

W.

3. Date of Birth

Feb. 26th 1887

4. Place of Birth (Street and Number)

108 W. Baltimore St. C.R.

5. Full Name of Mother

Margaret Elizabeth Boyle

6. Mother's Maiden Name

Donnelly

7. Mother's Birthplace

Baltimore Md

8. Full Name of Father

William H. Boyle

9. Father's Occupation

Policeman

10. Father's Birthplace

New York

Name of Medical Attendant, or other Person who makes this Return.

Wm. S. Lusk M.D.,
2, S. Broadway

Address

Remarks

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Third (92441)*

1. Sex, (state whether male or female) *Female.*

2. Race or Color, (if not of the white race) *Colored.*

3. Date of Birth, *February 26th 1887*

4. Place of Birth, (Street and Number) *Old to 72 Hargrove St. Baltimore, Md.*

5. Full Name of Mother, *Fannie Stewart*

6. Mother's Maiden Name, *Fannie Newman*

7. Mother's Birthplace, *Richmond Va.*

8. Full Name of Father, *Charles A. Stewart.*

9. Father's Occupation, *Laborer.*

10. Father's Birthplace, *Harford County, Maryland.*

Name of Medical Attendant, or other Person who makes this Return *Edward Mackenzie, M.D.*

Address, *206 W. Franklin St.*

Remarks, *Not any.*



RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name of child: *William Kornmann*
 No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2*

1. Sex (state whether male or female),

Male

2. Race or Color (if not of the white race),

3. Date of Birth,

26 February 1887

4. Place of Birth (Street and Number),

1015 Lombard Street

5. Full Name of Mother,

Clara (Kornmann) Kornmann

6. Mother's Maiden Name,

(Palmer) Bolmar

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

William (Kornmann) Kornmann

9. Father's Occupation,

Musician

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other person who makes this Return.

Sarah Casper

Address,

1016 E. Lombard

Remarks,

RETURN OF A BIRTH

92443.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Florence M. Duwall

Second

1. Sex, (state whether male or female)

Female Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

July 26th 87

4. Place of Birth, (Street and Number)

344 Barclay St

5. Full Name of Mother,

Sarah Duwall

6. Mother's Maiden Name,

Sarah Reddick

7. Mother's Birthplace,

Baltimore City

8. Full Name of Father,

Daniel Duwall

9. Father's Occupation,

Laborer

10. Father's Birthplace,

Franklin, Md

Name of Medical Attendant, or other Person who makes this Return,

B F Phillips

Address,

136 W Lombard St

Remarks,

CERTIFICATE CORRECTED

2-28-52

RETURN OF A BIRTH, 934114

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth

4. Place of Birth, (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father


9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks


 Female
 White
 February
 107 N. Mount St
 Nellie Shipley
 " Cranberry
 Baltimore Md
 Chas E Shipley
 Engineer
 Howard Co. Md
 Alswatnes
 216 W. Lombard St

RETURN OF A BIRTH. 92445.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *fifth*

Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race) *Colored*

3. Date of Birth *Jan 26 1887*

4. Place of Birth, (Street and Number) *1104 parish Street*

5. Full Name of Mother, *Julia Rogers*

6. Mother's Maiden Name, *Julia Hall*

7. Mother's Birthplace, *Baltimore City*

8. Full Name of Father, *Asbury Rogers*

9. Father's Occupation, *Trader*

10. Father's Birthplace, *Baltimore City*

Name of Medical Attendant, or other Person who makes this Return. *Mary C. James*

Address,

Remarks,



RETURN OF A BIRTH.

921116.

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

4th

1. Sex (state whether Male or Female)

Female
white

2. Race or Color (if not of the white race)

3. Date of Birth

Feb 27

4. Place of Birth (Street and Number)

90 Sacramento St

5. Full Name of Mother

Mary C. Wheeler

6. Mother's Maiden Name

Mary C. Baltimore

7. Mother's Birthplace

Baltimore

8. Full Name of Father

A. C. Wheeler

9. Father's Occupation

Salesman

10. Father's Birthplace

Baltimore

Name of Medical Attendant, or other Person who makes this Return.

Robt H. Kears

Address

5240 Gay St

Remarks



RETURN OF A BIRTH ^{92 1447}

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether male or female),

2. Race or Color (if not of the white race),

3. Date of Birth,

4. Place of Birth (Street and Number),

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks,



613 Hanover St.
Maggie Weber
Winkhamer
Germany
John Weber
Baker
Germany

J. Schwasser, M.D.
1032 Hanover St.

RETURN OF A BIRTH 921148.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st*

1. Sex (state whether male or female), *Male*

2. Race or Color (if not of the white race), *White*

3. Date of Birth, *Feb 27 1892*

4. Place of Birth (Street and Number), *707 N Fremont St*

5. Full Name of Mother, *Mrs. Margaret J. Shuckles*

6. Mother's Maiden Name, *O'Leary*

7. Mother's Birthplace, *Ireland*

8. Full Name of Father, *Aug. C. Shuckles*

9. Father's Occupation, *Painter*

10. Father's Birthplace, *Ireland*

Name of Medical Attendant,

or other person who makes this Return.

H. J. Hill M.D.

Address,

11001 Edmondson Ave

Remarks,

RETURN OF A BIRTH *920119*

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



Sex of Child of Mother, (state whether 1st, 2d, 3d, &c.)

7th
Female

Sex, (state whether male or female)

Race or Color, (if not of the white race)

German - English

Date of Birth,

Feb 27/1887

Place of Birth, (Street and Number)

21 Patterson Ave

Full Name of Mother,

Anna Kunk

Mother's Maiden Name,

Spring

Mother's Birthplace,

N. Carolina

Full Name of Father,

Friedrich Kunk

Father's Occupation,

Wine Worker

Father's Birthplace,

Germany

Name of Medical Attendant, or other Person who makes this return

Gray, Drunk

Address,

Green St near Long Hill

Remarks,

8 inag - small - no trouble

RETURN OF A BIRTH ⁹²⁴⁸⁰

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. ☒ M., (state whether male or female) ...

2. Race or Color, (if not of the white race) ...

3. Date of Birth.

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. ☒ Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks.



1st
Agnes
White
2nd March 2nd 1887

2207 India Hill Ave.

Agnes Lillian & Kemp
Opfull

Balto., Co., Md.

Francis Stanislaus Kemp

Book Keeper in Bank

City

E. P. Bens M.D.

1835 E. 1st St.

RETURN OF A BIRTH ^{92451.}

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *fourth*

1. Sex, (state whether male or female) *Female*

2. Race or Color, (if not of the white race)

3. Date of Birth, *Feb 27/1881*

4. Place of Birth, (Street and Number) *No 914 High*

5. Full Name of Mother, *Mollie Bertrand*

6. Mother's Maiden Name, *Collins*

7. Mother's Birthplace, *Baltimore*

8. Full Name of Father, *George Bertrand*

9. Father's Occupation, *Gilder*

10. Father's Birthplace, *Baltimore*

Name of Medical Attendant, or other Person who make this Return. *Louisa Schulte*

Address, *No 1800 Chesebrough St*

Remarks, *nothing*



RETURN OF A BIRTH 921157

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2nd Child*
1. Sex, (state whether male or female) *Bo*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *27th of February 1887*
4. Place of Birth, (Street and Number) *2027 Bank street*
5. Full Name of Mother, *Mary Lizzie Cook*
6. Mother's Maiden Name, *Mary Lizzie Schultcheis*
7. Mother's Birthplace, *Annie - Randall County*
8. Full Name of Father, *Willie Schultcheis*
9. Father's Occupation, *Capnate maker*
10. Father's Birthplace, *Baltimore*
Name of Medical Attendant, or other Person who makes this Return, *Crescentia Kunkel*
Address, *213 North Chapel street for Justina Kunkel*
Remarks, *Healthy*

RETURN OF A BIRTH 92453

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether male or female),

2. Race or Color (if not of the white race),

3. Date of Birth,

4. Place of Birth (Street and Number),

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

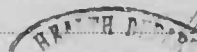
9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks,



3 11/11
Male
Jul 27 1886
1218 Federal St.

Lizzie Crum
Kochelatter

America
William Crum

Box maker
America

J. Schwaesser, M.D.
1032 Kanawha St.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

4th 111 (92454)

1. Sex, (state whether ~~male~~ or female)

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Feby 27th

4. Place of Birth, (Street and Number)

762 Franklin St

5. Full Name of Mother,

Nora Noakes

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

H.P. Shultz

9. Father's Occupation,

Shoemaker

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return

Henry Chandler M.D.

Address,

1019 Linden Ave

Remarks,



RETURN OF A BIRTH 92488

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

3. Date of Birth,

Feb. 27, 1887

4. Place of Birth, (Street and Number)

1014 Eastern Av.

5. Full Name of Mother,

Mary Annie Kirchgessner

6. Mother's Maiden Name,

" " Groh
Balto. Md.

7. Mother's Birthplace,

8. Full Name of Father,

George H. Kirchgessner
~~George~~ Driver

9. Father's Occupation,

10. Father's Birthplace,

Balto. Md.
Caroline Miller

Name of Medical Attendant, or other Person who makes this Return.

Address,

5 Walker St. Balto. Md.

Remarks,



RETURN OF A BIRTH ^{92456.}

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *5th*

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race)

3. Date of Birth.

Feb 27th 87

4. Place of Birth, (Street and Number)

820 Edmon. St.

5. Full Name of Mother, *Anna M. List*

6. Mother's Maiden Name, *Anna M. Winkler*

7. Mother's Birthplace, *Mad*

8. Full Name of Father, *Frank List*

9. Father's Occupation, *Wmcr*

10. Father's Birthplace, *Mad*

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,



Miller M.D.
639 Franklin St.

RETURN OF A BIRTH.

921157.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1111
1. Sex (state whether male or female) Male
2. Race or Color (if not of the white race) Other
3. Date of Birth 3:0^m A. M. (12.30 midnight) 27th February 1887
4. Place of Birth (Street and Number) 1018 N. Fayette St Baltimore, Maryland
5. Full Name of Mother Mary Louise Martyn
6. Mother's Maiden Name Mary Louise Mc Coy
7. Mother's Birthplace Baltimore, Maryland
8. Full Name of Father Lemuel Hamilton Martyn
9. Father's Occupation Clerk
10. Father's Birthplace Northampton County, Virginia
- Name of Medical Attendant, or other Person who makes this Return. Dr. J. O. Smith M.D.
- Address 817 N. Howard St
- Remarks



RETURN OF A BIRTH

92458.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, Oct. 27th 86

4. Place of Birth, (Street and Number) 621 Haverhill

5. Full Name of Mother, Elizabeth Moler

6. Mother's Maiden Name, Elizabeth Vint

7. Mother's Birthplace, Balto

8. Full Name of Father, R. M. Moler

9. Father's Occupation, Conductor

10. Father's Birthplace, N. Va

Name of Medical Attendant, or other Person who makes this Return. B. F. Phillips

Address, 435 N Lombard

Remarks,



RETURN OF A BIRTH 92459,

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Second*
Sex, (state whether male or female) *Male.*
Race or Color, (if not of the white race) *Black.*
Date of Birth, *February 28, 1897*
Place of Birth, (Street and Number) *29 (old number) Vincent Alley.*
Full Name of Mother, *Susan George.*
Mother's Maiden Name, "
Mother's Birthplace, *Baltimore, Maryland.*
Full Name of Father, _____
Father's Occupation, _____
Father's Birthplace, _____
Name of Medical Attendant, or other Person who makes this Return *Louis B. Gorgas, M.D.*
Address, *307 (726 W) Lexington St.*
Remarks, *Twins; the second child, born 24 hours after first, reported as a "Still Birth"*



RETURN OF A BIRTH 92460

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex (state whether male or female), Female

2. Race or Color (if not of the white race), White

3. Date of Birth, 29th Feb

4. Place of Birth (Street and Number), Hamburg St No 184 Side

5. Full Name of Mother, Louisa Lehmann

6. Mother's Maiden Name, Louisa Riepert

7. Mother's Birthplace, Baltimore

8. Full Name of Father, August Lehmann

9. Father's Occupation, Baker

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Miss Shuart

Address, No 500 Seadenhall St

Remarks,



RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2nd

92461

Sex, (state whether male or female)

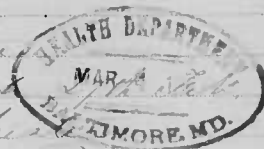
Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

2nd March



4. Place of Birth, (Street and Number)

120 N. Chest

5. Full Name of Mother,

Clara Elizabeth Paul

6. Mother's Maiden Name,

Love

7. Mother's Birthplace,

Maryland Co. Md.

8. Full Name of Father,

George J. B. Paul

9. Father's Occupation,

Mariner

10. Father's Birthplace,

St. Mary's Co. Md.

Name of Medical Attendant, or other Person who makes this Return

E. P. Evans M.D.

Address,

1835 E. Balto. St.

Remarks,

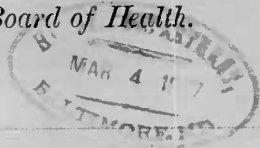
Premature 5 Mo's gestation

RETURN OF A BIRTH.

921462.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st Child

1. Sex (state whether male or female) Female

2. Race or Color (if not of the white race) White

3. Date of Birth 7th of February, 1881

4. Place of Birth (Street and Number) 1518 Shefferson st.

5. Full Name of Mother Carney Specter

6. Mother's Maiden Name Carney Waters

7. Mother's Birthplace is Virginia

8. Full Name of Father Joseph Specter

9. Father's Occupation is Laborer

10. Father's Birthplace is Baltimore

Name of Medical Attendant, or other Person who makes this Return.

Address Midwife Theresa Heller No. 538 Bechdel Alley.

Remarks

RETURN OF A BIRTH. 921463.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

2nd

Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

W.

3. Date of Birth

Feb. 27th

4. Place of Birth, (Street and Number)

Park + Clay

5. Full Name of Mother,

Elise Vierz Praden

6. Mother's Maiden Name,

Elise Vierz

7. Mother's Birthplace,

Switzerland

8. Full Name of Father,

Alexander Praden

9. Father's Occupation,

Cook

10. Father's Birthplace,

Switzerland

Name of Medical Attendant, or other Person who makes this Return.

F. C. Chataud Jr

Address,

516 Park Ave

Remarks,



RETURN OF A BIRTH

951164.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

4th

Sex, (state whether male or female).

Race or Color, (if not of the white race)

White

Date of Birth,

27th Feb 1887

Place of Birth, (Street and Number)

229 Lee

Full Name of Mother,

Gronnell

Mother's Maiden Name,

Burtow

Mother's Birthplace,

Ind

Full Name of Father,

R. B. Gronnell

Father's Occupation,

Engineer

Father's Birthplace,

Ind

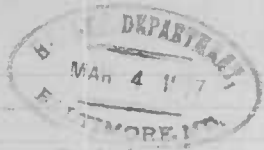
Name of Medical Attendant, or other Person who makes this Return.

Edw. J. Liechman

Address,

707 N. Lombard

Remarks,



RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth.

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

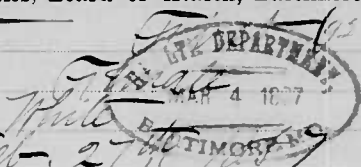
10. Father's Birthplace,

Name of Medical Attendant,

or other Person who makes this Return

Address,

Remarks,



726 East Biddle Street

Barbara A. R. Porter

Bell

Birds George County Md

William A. Porter

Locomotive Engineer B & O RR

Albion City Howard Co Md

Dr. J. E. C. Whitford,
519 - ALBION STREET,
BALTIMORE, MD.

To a line of ten columns for each item, to be recorded as they are not printed on the form.

RETURN OF A BIRTH

92466.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *3rd*

1. ☒ Male, (state whether male or female) *Female*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *February 27, 1887*

4. Place of Birth, (Street and Number) *Garnet St. No. 56*

5. Full Name of Mother, *Margaret ~~Hawkins~~ Kelly*

6. Mother's Maiden Name, *Margaret Hawkins*

7. Mother's Birthplace, *Balt. Md.*

8. Full Name of Father, *James M. Kelly*

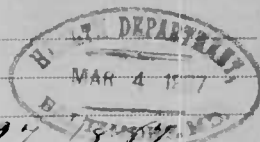
9. Father's Occupation, *Ship Builder*

10. ☒ Father's Birthplace, *Philadelphia Pa*

Name of Medical Attendant, or other Person who makes this return, *Wm. Ettel*

Address, *No 1619 Cube St*

Remarks,



RETURN OF A BIRTH

92467

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Second

Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

February 27, 1887

4. Place of Birth, (Street and Number)

No. 1533 Jefferson St. Cor. Bond St.

5. Full Name of Mother,

Mrs. Annie Louise Humphreys

6. Mother's Maiden Name,

Mrs. Annie Louise Johnson

7. Mother's Birthplace,

Washington D. C.

8. Full Name of Father,

Mr. Henry B. Humphreys

9. Father's Occupation,

Clerk (Post Office)

10. Father's Birthplace,

Baltimore, Md.

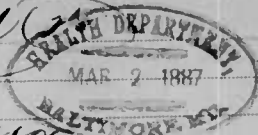
Name of Medical Attendant, or other Person who makes this Return.

Wm. H. Glendinen M.D.

Address,

No. 418 N. Broadway

Remarks,



RETURN OF A BIRTH ⁹³⁴⁶⁸

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore, Md.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female) female

2. Race or Color, (if not of the white race) white

3. Date of Birth, Feb 27. 1887

4. Place of Birth, (Street and Number) 3 merdona alley

5. Full Name of Mother, Lizabeth Kietner

6. Mother's Maiden Name, Lizabeth Roe

7. Mother's Birthplace, Baltimore

8. Full Name of Father, George Kietner

9. Father's Occupation, gilder

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return, Mary Emmer

Address, 424 Patterson Park and

Remarks, _____

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,



1st Child
Male
Mar 2 1887
Mary Ellen White
Mary E. White
Prince George's Co.
William Whitty
Car Driver
Ireland
Mrs. C. L. Lane
No 1039 Bayview
Bal Md
1887

RETURN OF A BIRTH 93470

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

5th

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Feb. 27 1897

4. Place of Birth, (Street and Number)

34 Neighbor St.

5. Full Name of Mother,

Maria Mc Manus

6. Mother's Maiden Name,

" O'Keefe

7. Mother's Birthplace,

Ireland

8. Full Name of Father,

Patrick Mc Manus

9. Father's Occupation,

Laborer

10. Father's Birthplace,

Ireland.

Name of Medical Attendant, or other Person who makes this Return.

J. H. Robinson M.D.

Address,

745 Grand Ave

Remarks,

RETURN OF A BIRTH ^{92471.}

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *3d*

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *July 27 '87*

4. Place of Birth, (Street and Number) *1334 West St.*

5. Full Name of Mother, *Lizzie Bull*

6. Mother's Maiden Name, *Hoschell*

7. Mother's Birthplace, *Md.*

8. Full Name of Father, *L. L. Bull*

9. Father's Occupation, *Laborer*

10. Father's Birthplace, *Md.*

Name of Medical Attendant, or other Person who makes this Return. *J. H. Robinson M.D.*

Address, *725 Green St.*

Remarks,

RETURN OF A BIRTH, 92492

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *first*

1. Sex, (state whether male or female) *male*

2. Race or Color, (if not of the white race) *Colored*

3. Date of Birth *born February 27 1887*

4. Place of Birth, (Street and Number) *1154 Raborg Street*

5. Full Name of Mother, *Hettie Moore*

6. Mother's Maiden Name, *Hettie Hardin*

7. Mother's Birthplace, *Baltimore Maryland*

8. Full Name of Father, *Isaac Moore*

9. Father's Occupation, *Wagon Driver*

10. Father's Birthplace, *Baltimore Maryland*

Name of Medical Attendant, or other Person who makes this Return.

Mary C. Jones

Address,

Remarks,



RETURN OF A BIRTH. 92473.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *first*

1. Sex, (state whether male or female) *Female*

2. Race or Color, (if not of the white race) *Colored*

3. Date of Birth *Jan. February 27 1887*

4. Place of Birth, (Street and Number) *1116 Garrison Street*

5. Full Name of Mother, *Martha Biscoe*

6. Mother's Maiden Name, *Martha Sprigg*

7. Mother's Birthplace, *West River Maryland*

8. Full Name of Father, *Baltimore Street Jacob Biscoe*

9. Father's Occupation, *Store close on the water*

10. Father's Birthplace, *Baltimore Maryland*

Name of Medical Attendant, or other Person who makes this Return.

Mary C. Jones

Address,

"

Remarks,



RETURN OF A BIRTH

92474

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) Colored

3. Date of Birth, February

4. Place of Birth, (Street and Number) 1023 Vincent Alley

5. Full Name of Mother, Caroline Valentine

6. Mother's Maiden Name, _____

7. Mother's Birthplace, Baltimore

8. Full Name of Father, William Valentine

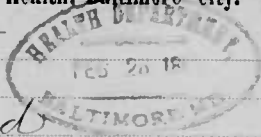
9. Father's Occupation, Prod. Carrier

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return, Sarah Rollins

Address, _____

Remarks, _____



RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *3rd Child*
 Sex, (state whether male or female). *Male*
 2. Race or Color, (if not of the white race). *White*
 3. Date of Birth, *28th of February 1887.*
 4. Place of Birth, (Street and Number) *212 Fountain Street*
 5. Full Name of Mother, *Mary Starn*
 6. Mother's Maiden Name, *Mary Miller*
 7. Mother's Birthplace, *Baltimore*
 8. Full Name of Father, *Henry Miller*
 9. Father's Occupation, *Laborman*
 10. Father's Birthplace, *Germany*
 Name of Medical Attendant, or other Person who makes this Return. *Ol. Crescentia Kunkel*
 Address, *213 North Chapel Street per Justina Kunkel*
 Remarks, *Healthy*

RETURN OF A BIRTH ^{92476.}

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *One child* 1111
1. Sex, (state whether male or female) *Female*
2. Race or Color, (if not of the white race) *Colored Race*
3. Date of Birth, *Feb 28 1887*
4. Place of Birth, (Street and Number) *117 Register St*
5. Full Name of Mother, _____
6. Mother's Maiden Name, *Mary Martin*
7. Mother's Birthplace, *Baltimore*
8. Full Name of Father, _____
9. Father's Occupation, _____
10. Father's Birthplace, _____
- Name of Medical Attendant, or other Person who makes this Return, *Lucindia Wolford*
- Address, *432 Register St*
- Remarks, _____



RETURN OF A BIRTH

92477

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

3d

Sex, (state whether male or female)

Female

Race or Color, (if not of the white race)

Colored

Date of Birth,

Feb 28 - 87

Place of Birth, (Street and Number)

418 Hunt St.

Full Name of Mother,

Liah Pathson

Mother's Maiden Name,

" Laukford

Mother's Birthplace,

Mo.

Full Name of Father,

William Pathson

Father's Occupation,

Brick Maker

Father's Birthplace,

City

Name of Medical Attendant, or other Person who makes this return

Catherine x Linnport her Cross

Address,

10 Pauker St.

Remarks,



RETURN OF A BIRTH 92478

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) first
- Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) Caucasian
3. Date of Birth, 25th February
4. Place of Birth, (Street and Number) 1040 E. Thomas
5. Full Name of Mother, Josephine Jackson
6. Mother's Maiden Name, Robinson
7. Mother's Birthplace, Charles County Md.
8. Full Name of Father, Wm. Jackson
9. Father's Occupation, writer
10. Father's Birthplace, Charles County
- Name of Medical Attendant, or other Person who makes this Return. Dr. J. Franklin
- Address, No. 134 Chestnut Street Baltimore
- Remarks,



who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH *92479*

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Anna Bertha Proff

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *6*

● Sex (state whether ~~male~~ or female),

2. Race or Color (if not of the white race),

3. Date of Birth,

February 11

4. Place of Birth (Street and Number), *1706 Elicable St.*

5. Full Name of Mother,

Lena Krueger

6. Mother's Maiden Name,

Krueger

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Henry Proff

9. Father's Occupation,

Laborer

● Father's Birthplace,

Germany

Name of Medical Attendant, or other person who makes this Return.

Miss M. M. M.

Address,

12500 Leadenhall St.

Remarks,

ENTERED

4/28/54



RETURN OF A BIRTH 92480

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

of (Child of Mother, (state whether 1st, 2d, 3d, &c.) 3
Sex, (state whether male or female) Male
Race or Color, (if not of the white race) Colored
Date of Birth, Feb. 28th 1887
Place of Birth, (Street and Number) 1130 Clarkson Alley
Full Name of Mother, Mary Wilson
Mother's Maiden Name, Mary Hall
Mother's Birthplace, Dorchester Co. Md.
Full Name of Father, John Wilson
Father's Occupation, Stone dresser
Father's Birthplace, Balto. Md.
Name of Medical Attendant, or other Person who makes this Return Caroline Moore
Address, 58 W. West St.
Remarks,



RETURN OF A BIRTH *92481.*

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether male or female),

2. Race or Color (if not of the white race),

3. Date of Birth,

4. Place of Birth (Street and Number),

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks,



RETURN OF A BIRTH. 92 4 82

To the Office of Registrar of Vital Statistics, Board of Health

BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

3th

1. Sex (state whether ~~Male~~ or Female)

2. Race or Color (if not of the white race)

3. Date of Birth

Febr'y 28th 89
129. Camden (str.)
Caroline Roeth

4. Place of Birth (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

Henry Heil Balto
Jeweller

9. Father's Occupation

10. Father's Birthplace

Germany
P. Horowitz b. S
949 Madison Ave.

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

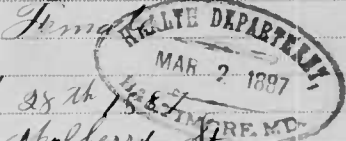
RETURN OF A BIRTH *92483.*

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

3^d Child

● Sex (state whether male or female),



2. Race or Color (if not of the white race),

3. Date of Birth,

Feb 28th 1887

4. Place of Birth (Street and Number),

No 410 Mulberry St.

5. Full Name of Mother,

Mary Lizzie Seitz
" " Flood.

6. Mother's Maiden Name,

Baltimore

7. Mother's Birthplace,

8. Full Name of Father,

Jacob Seitz.

9. Father's Occupation,

Clerk

10. Father's Birthplace,

Lansdale.

Name of Medical Attendant, or other person who makes this Return.

Annie Lindner

Address,

No. 106 S. Monroe St.

Remarks,

for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 928484.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *First*
1. Sex (state whether Male or Female) *Female*
2. Race or Color (if not of the white race)
3. Date of Birth *Feb. 28 - '87*
4. Place of Birth (Street and Number) *606 China St*
5. Full Name of Mother *Catherine E. Thater*
6. Mother's Maiden Name *Catherine E. Dill*
7. Mother's Birthplace *Bald. Md.*
8. Full Name of Father *Adam Thater*
9. Father's Occupation *Gilding*
10. Father's Birthplace *Batt. Md.*
- Name of Medical Attendant, or other Person who makes this Return.
- Address *J. Tyler Smith*
- Remarks *040 Barre St*

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) a boy

2. Race or Color, (if not of the white race) white

3. Date of Birth, 28 February

4. Place of Birth, (Street and Number) 2333 ^{dead} McAderry St

5. Full Name of Mother, Lustina Morrison

6. Mother's Maiden Name, Lustina Dennis

7. Mother's Birthplace, Baltimore City

8. Full Name of Father, Lon Morrison

9. Father's Occupation, Buckyard

10. Father's Birthplace, Utica N.Y.

Name of Medical Attendant, or other Person who makes this Return

Miss Glasgow

Address, 2337 McAderry

Remarks, The Mother and child are well



RETURN OF A BIRTH 92486.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

3rd

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

February 3rd

4. Place of Birth, (Street and Number)

Habert St No 1241

5. Full Name of Mother,

Maryann Preston

6. Mother's Maiden Name,

Maryann Kealia

7. Mother's Birthplace,

Balt Md

8. Full Name of Father,

Nichell Preston

9. Father's Occupation,

Laber

10. Father's Birthplace,

Ireland

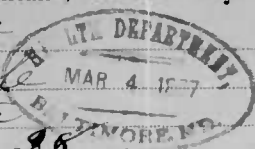
Name of Medical Attendant, or other Person who makes this Return.

Mr Ette

Address,

No 1619 Cuba St

Remarks,



RETURN OF A BIRTH *92487*

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

10th child.

1. ☒ Male (state whether male or female),

Female

2. Race or Color (if not of the white race),

White

3. Date of Birth,

Feb 28th 1897

4. Place of Birth (Street and Number),

1203 Balby Ave

5. Full Name of Mother,

Rose Ann. Jones.

6. Mother's Maiden Name,

R. A. Travers.

7. Mother's Birthplace,

Cambridge Maryland

8. Full Name of Father,

Thomas Asbury Jones

9. Father's Occupation,

House Carpenter

10. Father's Birthplace, *Nadwin Virginia.*

Name of Medical Attendant, or other person who makes this Return.

Wm. C. Way

Address,

Remarks,



RETURN OF A BIRTH, 92488.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

1. No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) (Second) / Blanche
2. Sex (state whether male or female) Female
3. Race or Color, (if not of the white race) White
4. Date of Birth July 28 - 1887
5. Place of Birth, (Street and Number) 1023 Madison St.
6. Full Name of Mother (Catharine Fowler)
7. Mother's Maiden Name once / Annæ M. Fowler
8. Mother's Birthplace Balt.
9. Full Name of Father Milburn Tobes
10. Father's Occupation Provision Dealer
11. Father's Birthplace Balt.
- Name of Medical Attendant, or other Person who makes this Return. NEP / J. M. Keff MD
- Address 701 Mencklin Ave
- Remarks

RETURN OF A BIRTH ¹⁹⁸⁹

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

● Sex, (state whether male or female) male

2. Race or Color, (if not of the white race) colored

3. Date of Birth, 28 Feb

4. Place of Birth, (Street and Number) 411 Babury St Bkto

5. Full Name of Mother, Emma Rome

6. Mother's Maiden Name, Thomas

7. Mother's Birthplace, Winchester Co Va.

8. Full Name of Father, Geo Rome

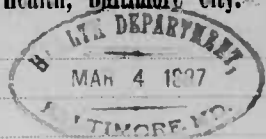
9. Father's Occupation, stable man

● Father's Birthplace, Winchester Co Va

Name of Medical Attendant, or other Person who makes this Return, Mrs Bruce Larnick

Address, 34 Boyd St

Remarks, _____



for each address to be recovered as other lines and for returns are recoverable.

RETURN OF A BIRTH

92490.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,



The 128. of
Shenut Hwy No. 35.

Martha Ann Malford
Martha Ann Robinson

Born in Tazmeack, Liberia
Henry Malford

Walter Shaker

Eastern Shore Maryland

Dr. J. L. Cook

No. 35 - Shenut Hwy

RETURN OF A BIRTH, 92491.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. Sex (state whether male or female) Female

2. Race or Color, (if not of the white race) Colored

3. Date of Birth Feb 28

4. Place of Birth, (Street and Number) Dallas St. 15 North

5. Full Name of Mother Eliza Cooper

6. Mother's Maiden Name Eliza Brown

7. Mother's Birthplace Virginia

8. Full Name of Father Augustus Cooper

9. Father's Occupation Porter

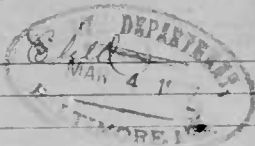
10. Father's Birthplace Caster Show Talbott Co. Va

Name of Medical Attendant, or other Person who makes this return.

Address

Remarks

I am a nurse
900 Madison Street
another and I will do well



RETURN OF A BIRTH

92492.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.).

5

Sex, (state whether male or female).

Female

2. Race or Color, (if not of the white race).

White

3. Date of Birth,

28

1887

4. Place of Birth, (Street and Number)

Boyed

61

5. Full Name of Mother,

Anne Mae Burne

6. Mother's Maiden Name,

do Ford

7. Mother's Birthplace,

Scotlen

8. Full Name of Father,

Joseph Ford

9. Father's Occupation,

Black Smith

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other Person who makes this Return.

Susan Hunter

Address,

2123 Poppleton St

Remarks,



RETURN OF A BIRTH

92493.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

Sex (state whether male or female), male

2. Race or Color (if not of the white race),

3. Date of Birth,

4. Place of Birth (Street and Number), Baltimore No 831 Crofton St.

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

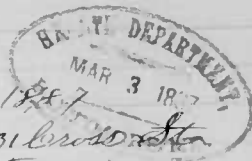
9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks,



Feb 28th 1887

Sarah Gaetman

Sarah Grazier

Howard County

Louis Gaetman

Cigar Maker

Penn

Miss M. Shaffer

No 1139 Ridgely St

RETURN OF A BIRTH

92494

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

5th

1. Sex, (state whether male or female)

female

2. Race or Color, (if not of the white race)

white

3. Date of Birth,

29th day of February

4. Place of Birth, (Street and Number)

no 508 Shepherd St

5. Full Name of Mother,

Catherine Stumpf

6. Mother's Maiden Name,

Catherine Linneith

7. Mother's Birthplace,

Baltimore Md

8. Full Name of Father,

John A. Stumpf

9. Father's Occupation,

Salver

10. Father's Birthplace,

Baltimore Md

Name of Medical Attendant, or other Person who makes this Return

Susan Shuster

Address,

21, 23 Poppleton St

Remarks,



RETURN OF A BIRTH ⁹²⁶⁹⁵

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 11

Sex, (state whether male or female) female



2. Race or Color, (if not of the white race)

3. Date of Birth, 28 February

4. Place of Birth, (Street and Number) 186 Chestnut Street 946

5. Full Name of Mother, Christina Wilson

6. Mother's Maiden Name, Zeller

7. Mother's Birthplace, Ball. City

8. Full Name of Father, Georges Wilson

9. Father's Occupation, Cannemaker

10. Father's Birthplace, Ball. City

Name of Medical Attendant, Anna Walker
or other Person who makes this Return.

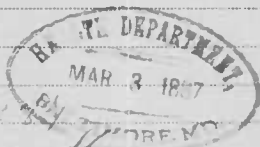
Address, 1149 E. Wagner Street

Remarks,

RETURN OF A BIRTH 05196.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1
1. Sex (state whether male or female), Male
2. Race or Color (if not of the white race),
3. Date of Birth, Feb 23 1887
4. Place of Birth (Street and Number), 300 E. Ann St.
5. Full Name of Mother, Laura Hartmann
6. Mother's Maiden Name, W. H. H. H.
7. Mother's Birthplace, Somerset County Md
8. Full Name of Father, Jules Hartmann
9. Father's Occupation, Tailor
10. Father's Birthplace, Germany
- Name of Medical Attendant, Mary Stein
or other person who makes this Return.
- Address, 1427 E. Pratt St.
- Remarks,



RETURN OF A BIRTH

92497.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *5th Child*

1. Sex (state whether male or female),

2. Race or Color (if not of the white race), *White*

3. Date of Birth, *February 28th 1887*

4. Place of Birth (Street and Number), *E. Fayette St. 1314*

5. Full Name of Mother, *Mary M^r Gee*

6. Mother's Maiden Name, *Mary Curran*

7. Mother's Birthplace, *Baltimore City*

8. Full Name of Father, *John M^r Gee*

9. Father's Occupation, *iron moulder*

10. Father's Birthplace, *Baltimore City*

Name of Medical Attendant, or other person who makes this Return. *Mary E. Müller*

Address, *N Dallas St. No 114*

Remarks,



RETURN OF A BIRTH.

92498.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

5

Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

C. Lord

3. Date of Birth

Feb 28

4. Place of Birth, (Street and Number)

811 Green

5. Full Name of Mother,

Mamma Dratt

6. Mother's Maiden Name,

Mamma Sharpe

7. Mother's Birthplace,

Amherst Mass

8. Full Name of Father,

Joseph Snow

9. Father's Occupation,

Coal Dealer

10. Father's Birthplace,

Baltimore Md

Name of Medical Attendant, or other Person who makes this Return.

Chas L. H. H. H.

Address,

161 J. Howard St

Remarks,

fine child



For each copy five for the Registrar as other than and Registrar and Registrar.

RETURN OF A BIRTH.

92499

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

1st

Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,



Anna
White
Feb 28
537 C 1/2 Ford St
Mrs. J. J. Ford
Mrs. J. J. Ford
West river Md
Richard J. Ford
Porter
West river Md
Charles C. Ford
67 S. 1st St
Free

For each office to be reviewed as other files and birth records are reviewed.

RETURN OF A BIRTH. 92500

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st
1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) Black
3. Date of Birth February 28th 1887
4. Place of Birth (Street and Number) 914 Booth St.
5. Full Name of Mother Mary Barnes
6. Mother's Maiden Name Mary Barnes
7. Mother's Birthplace St. Mary's Co., Md.
8. Full Name of Father Unknown
9. Father's Occupation Unknown
10. Father's Birthplace Unknown
Name of Medical Attendant, or other Person who makes this Return. Eugene F. Cordell, M.D.
Address 325 Oak St.
Remarks A perfectly natural confinement, at full term.



RETURN OF A BIRTH 92501.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother

2d, 3d, &c.)

2nd

Sex (state whether male or female)

Female

2. Race or Color (if other than white, specify)

3. Date of Birth,

Nov 28.

4. Place of Birth (Street and Number),

8 A Coltington Ave

5. Full Name of Mother,

Mrs. Anna H. Griffin Carraway

6. Mother's Maiden Name,

Miss Anna H. Griffin

7. Mother's Birthplace,

Balt. Md.

8. Full Name of Father,

George Ellsworth Carraway

9. Father's Occupation,

Car. Miner

10. Father's Birthplace,

Balt. Md.

Name of Medical Attendant, or other person who makes this Return.

G. G. Clark M. D.

Address,

200 E. Balt St.

Remarks,

Delivered with Lamin forceps

For each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Fourth (95505)

Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

February

MAR 1 1887

4. Place of Birth, (Street and Number)

304 Marion

East

5. Full Name of Mother,

Annie McEnlein

6. Mother's Maiden Name,

Annie Cook

7. Mother's Birthplace,

Ireland

8. Full Name of Father,

Barney McEnlein

9. Father's Occupation,

Blackman

10. Father's Birthplace,

Ireland

Name of Medical Attendant, or other Person who makes this Return

Edward G. Mackenzie M.D.

Address,

206 W. Franklin St.

Remarks,

Not any

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, 92.503
BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *First*

1. Sex (state whether Male or Female) *Male*

2. Race or Color (if not of the white race) *White*

3. Date of Birth *Feb 12th 1887*

4. Place of Birth (Street and Number) *678 N. Baltimore St.*

5. Full Name of Mother *Sallick Herman*

6. Mother's Maiden Name *Sallick D. Leane*

7. Mother's Birthplace *Baltimore Md.*

8. Full Name of Father *Charles C. Herman*

9. Father's Occupation *Merchant*

10. Father's Birthplace *Baltimore Md.*

Name of Medical Attendant, or other Person who makes this Return. *A. G. Watson*

Address *1301 N. Central Ave*

Remarks



RETURN OF A BIRTH, 92504.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second
1. Sex (state whether male or female) Female & male. (Twins)
2. Race or Color, (if not of the white race) White
3. Date of Birth July 1st
4. Place of Birth, (Street and Number) 171 S. Princes St.
5. Full Name of Mother Mary Young
6. Mother's Maiden Name Regle
7. Mother's Birthplace Baltimore
8. Full Name of Father Wm B. Young
9. Father's Occupation Cigar maker
10. Father's Birthplace Baltimore
- Name of Medical Attendant, or other Person who makes this Return. John Jeffers MD
- Address 201 Madison Ave
- Remarks

RETURN OF A BIRTH 92808

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Sex (state whether male or female), Male

2. Race or Color (if not of the white race), Colored

3. Date of Birth, Nov 1st

4. Place of Birth (Street and Number), Hatcoat 1942

5. Full Name of Mother, Mary Louisa Reomings

6. Mother's Maiden Name, Mrs. Louisa H. H. H.

7. Mother's Birthplace, Liberty Frederick Co. Md.

8. Full Name of Father, Zachariah Reomings

9. Father's Occupation, Works at a drug store

10. Father's Birthplace, South Carolina

Name of Medical Attendant, or other person who makes this Return.

Address, 1337

Remarks,

who shall hereafter fail to comply with the provisions of this section shall be subjected to the same of penalty as for each offence, to be recovered as other fines and forfeitures are recoverable.

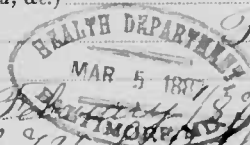
RETURN OF A BIRTH 92506.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

3

1. Sex (state whether male or female),



Female

2. Race or Color (if not of the white race),

3. Date of Birth,

4. Place of Birth (Street and Number),

No 925 J. Bethel St

5. Full Name of Mother,

Henrietta Williams

6. Mother's Maiden Name,

Mars

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

George William

9. Father's Occupation,

Laborer

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other person who makes this Return.

Mrs. Louise Kraft

Address,

No 405 S Washington St

Remarks,

For each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH *92507*

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

MAR 5 1887

3

1. Sex (state whether male or female),

BALTIMORE, MD.

Male

2. Race or Color (if not of the white race),

3. Date of Birth,

February 1887

4. Place of Birth (Street and Number),

No 1210 Eastern Ave

5. Full Name of Mother,

Mary Stintz

6. Mother's Maiden Name,

Zeiler

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

George Stintz

9. Father's Occupation,

Cigar Maker

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other person who makes this Return.

Mrs. Louise Kraft

Address,

No 405 S. Washington St.

Remarks,

For each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

92509.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.).

3rd

Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

February 3rd 1897

4. Place of Birth, (Street and Number)

130 E. 1st St.

5. Full Name of Mother,

Maggie E. Maskey

6. Mother's Maiden Name,

Klinefeller

7. Mother's Birthplace,

Penn.

8. Full Name of Father,

Wm. H. Maskey

9. Father's Occupation,

Carpenter

Father's Birthplace,

Ind.

Name of Medical Attendant, or other Person who makes this Return.

Robert S. Rowland

Address,

1019 Light St.

Remarks.

RETURN OF A BIRTH ^{92510.}

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

☒ Sex (state whether male or female), Male

2. Race or Color (if not of the white race), White

3. Date of Birth, Feb 4 1887

4. Place of Birth (Street and Number), 63 East St

5. Full Name of Mother, Barni Collins

6. Mother's Maiden Name, Knowles

7. Mother's Birthplace, Balto Md

8. Full Name of Father, Simon Collins

9. Father's Occupation, Shot maker

☒ Father's Birthplace, Balto Md

Name of Medical Attendant, or other person who makes this Return. Mrs R. W. W. W.

Address, 1302 Hollander St

Remarks, _____

For each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, Feb. 4th 1887

4. Place of Birth, (Street and Number) Baltimore, 1134 1/2 N. Lombard St.

5. Full Name of Mother, Susanna Hirsch

6. Mother's Maiden Name, W. A.

7. Mother's Birthplace, Maryland

8. Full Name of Father, _____

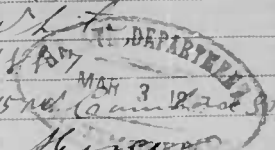
9. Father's Occupation, _____

Father's Birthplace, _____

Name of Medical Attendant, or other Person who makes this Return, Dr. A. R. Rain

Address, 1134 1/2 N. Lombard St.

Remarks, _____



RETURN OF A BIRTH 719

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st

92512.

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

July 4th 1897

4. Place of Birth, (Street and Number)

306 S. Paca St

5. Full Name of Mother,

Fannie Bailey
Fannie Thompson

6. Mother's Maiden Name.

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Chas. W. Bailey

9. Father's Occupation,

Druggist

10. Father's Birthplace,

Balto

Name of Medical Attendant, or other Person who makes this Return.

B. F. Phillips

Address,

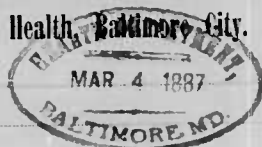
735 W. Lombard St

Remarks,

RETURN OF A BIRTH.

92513.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 9

Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race)

3. Date of Birth Feb 4th 1887

4. Place of Birth, (Street and Number) 1715 Gough. st.

5. Full Name of Mother, Caroline Goeb

6. Mother's Maiden Name, Caroline ~~Goeb~~ Kleper,

7. Mother's Birthplace, Balt. md.

8. Full Name of Father, Salentin Goeb

9. Father's Occupation, Broom maker

Father's Birthplace, Saxson gy

Name of Medical Attendant, or other Person who makes this Return, Mrs. Hannah Humbach

Address, 115 South Wolfe st

Remarks,

for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

February 11th 1887
92514

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *2*

Sex, (state whether male or female) *Male*

Race or Color, (if not of the white race) *white*

Date of Birth *February the 4th*

Place of Birth, (Street and Number) *Patapsco St 16*

Full Name of Mother, *Mary Foley*

Mother's Maiden Name, *Mary Martin*

Mother's Birthplace, *Ireland*

Full Name of Father, *Michael Foley*

Father's Occupation, *Porter*

Father's Birthplace, *Ireland*

Name of Medical Attendant, *M. R. Gasky*
or other Person who makes this Return.

Address, *No. 213 Heath St*

Remarks, *Dying well*

"



of persons in the city of Baltimore, and for each offense to be recovered as other dues and penalties are recoverable.

RETURN OF A BIRTH

92515A

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether ~~1st~~, 2d, 3d, etc.)

2

1. Sex, (state whether ~~male~~ or ~~female~~)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Feb 4th 1887

4. Place of Birth, (Street and Number)

410 Park Ave

5. Full Name of Mother,

Donaldson

6. Mother's Maiden Name,

Kelly

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

H. Donaldson

9. Father's Occupation,

Employee of B & O R. Co

10. Father's Birthplace,

Balt.

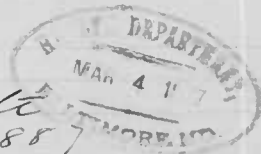
Name of Medical Attendant, or other person who makes this return.

Dr. J. McKeown

Address,

707 N. Lombard

Remarks,



RETURN OF A BIRTH 92516.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex (state whether male or female), female

2. Race or Color (if not of the white race), White

3. Date of Birth, 5 Feb 1881

4. Place of Birth (Street and Number), 42 N. Calvert St

5. Full Name of Mother, Maria Lanning

6. Mother's Maiden Name, Maria Lanning

7. Mother's Birthplace, Germany

8. Full Name of Father, John T. Lanning

9. Father's Occupation, Clerk

10. Father's Birthplace, Alexandria Va

Name of Medical Attendant, or other person who makes this Return, Mary Hepler

Address, 215 North Washington St

Remarks,

who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 92517.

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

5
Male

1. Sex, (state whether male or female).

White

2. Race or Color, (if not of the white race)

Feb 5th 1887

3. Date of Birth,

1033 Hollins St

4. Place of Birth, (Street and Number)

Julia Burns
Julia Donohoe

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

Wm Burns

8. Full Name of Father,

Baker

9. Father's Occupation,

Ireland

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Edmundson

Address,

901 Edmundson Ave

Remarks,

RETURN OF A BIRTH.

92518.

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race)

3. Date of Birth

4. Place of Birth (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

First
Male
Malatto
Feb. 5/97
McDonnell Alley
Arledge Douglas
" " " " " " " "
Baltimore, Md.
George Douglas
" " " " " " " "
Virginia
Wm. B. Rogers
867 North Ave.



who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 92519

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether male or female),

2. Race or Color (if not of the white race),

3. Date of Birth,

4. Place of Birth (Street and Number),

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

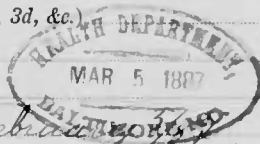
9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks,



Male

February 3, 1887

No 576 Walnut St.

Henrietta Buchheimer

Dunker

Germany

Matthias Buchheimer

Schock Maker

Germany

Mrs. Louise Kraft

No 405 S. Washington St.

who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (\$10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 93520.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

● Sex (state whether male or female),

2. Race or Color (if not of the white race),

3. Date of Birth,

4. Place of Birth (Street and Number),

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks,



RETURN OF A BIRTH ⁹²⁵²¹

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

12th

Sex, (state whether male or female)

Male,

2. Race or Color, (if not of the white race)

3. Date of Birth,

Feb. 6th 1887.

4. Place of Birth, (Street and Number)

Old # 488 Hanover

5. Full Name of Mother,

Anna Doyle.

6. Mother's Maiden Name,

Kenney

7. Mother's Birthplace,

Canada.

8. Full Name of Father,

Frank Doyle.

9. Father's Occupation,

Police.

Father's Birthplace,

Baltimore City.

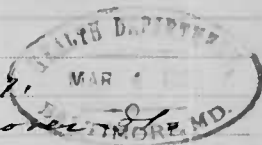
Name of Medical Attendant, or other Person who makes this Return.

R. J. N. Tall. M.D.,

Address,

152 Sharp St.

Remarks,



Persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

GIVEN NAME ADDED 9-10-56

RETURN OF A BIRTH.

92522.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

● Charles Augustus Howell

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether Male or Female)

Male.

2. Race or Color (if not of the white race)

white.

3. Date of Birth

Feb. 6th 1887.

4. Place of Birth (Street and Number)

Biddle st, Door 2, Par 6 An.

5. Full Name of Mother

Mrs A. Howell.

6. Mother's Maiden Name

M. A. Sedgwick

7. Mother's Birthplace

Hartford Ct

8. Full Name of Father

Lloyd Howell

9. Father's Occupation

Cigar Maker

10. Father's Birthplace

Baltimore Md

Name of Medical Attendant, or other Person who makes this Return.

C. F. Brown

Address

Lincoln An. & Lanevale

Remarks



RETURN OF A BIRTH.

92523.

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *1st*
 1. Sex (state whether Male or Female) *Female*
 2. Race or Color (if not of the white race) *White - (Jew)*
 3. Date of Birth *Feb. 6th '87*
 4. Place of Birth (Street and Number) *No. 7 Arch St.*
 5. Full Name of Mother *Gertra Lichtenberg*
 6. Mother's Maiden Name *Pallock*
 7. Mother's Birthplace *Austria*
 8. Full Name of Father *Isedore Lichtenberg*
 9. Father's Occupation *Sailor*
 10. Father's Birthplace *Austria.*
 Name of Medical Attendant, or other Person who makes this Return. *F. B. Gavaney*
 Address *424 N. Greene St.*
 Remarks

of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH. 93224

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st.

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth Feb'y. 6. 1887

4. Place of Birth, (Street and Number) S. W. cor. Biddle & Eden Sts.

5. Full Name of Mother, Emma D. Skitchessen

6. Mother's Maiden Name, " " Reyster

7. Mother's Birthplace, Balt. Co. Md.

8. Full Name of Father, Wm. Skitchessen

9. Father's Occupation, Brass Finisher

10. Father's Birthplace, Balt. Md.

Name of Medical Attendant, or other Person who makes this Return. Geo A Hartman, M.D.

Address, 1121 N. Caroline St.

Remarks,



Report the birth for the purpose of securing a birth certificate, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (\$10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

the Commissioner of the G.O.P. for the national that within the past year, and may even possibly or perhaps be able to do so. The Commissioner of the G.O.P. for the national that within the past year, and may even possibly or perhaps be able to do so.

Publishing Co., City Printers and Stationers.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3
 1. Sex (state whether male or female), Male
 2. Race or Color (if not of the white race), White
 3. Date of Birth, 7 Dec 1887
 4. Place of Birth (Street and Number), B'nk & Belmont
 5. Full Name of Mother, Mary Rice
 6. Mother's Maiden Name, Mary Heintzman
 7. Mother's Birthplace, Baltic, Md
 8. Full Name of Father, Joseph Rice
 9. Father's Occupation, Farmer
 10. Father's Birthplace, Baltic, Md
 Name of Medical Attendant, or other person who makes this Return, Mary Hightsh
 Address, 205 N. Broadway St
 Remarks,

Who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH ^{92326.}

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

Sex (state whether male or female), Male

2. Race or Color (if not of the white race),

3. Date of Birth, Feb. 7 1887

4. Place of Birth (Street and Number), 15 Bank St.

5. Full Name of Mother, Sarah Ann Greer

6. Mother's Maiden Name, Kelly

7. Mother's Birthplace, Baltimore

8. Full Name of Father, John B. Greer

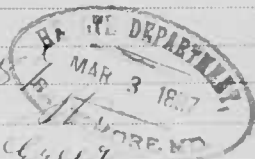
9. Father's Occupation, Cannemaker

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Mary Thine

Address, 1427 E. Pratt St.

Remarks,



RETURN OF A BIRTH 92507.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th

Sex, (state whether male or female) Male

Race or Color, (if not of the white race) White

Date of Birth, Dec 7th 1897

Place of Birth, (Street and Number) #132 Greenmount Ave

Full Name of Mother, Vera Behrmann

Mother's Maiden Name, Meyer

Mother's Birthplace, Balto Md

Full Name of Father, Henry Behrmann

Father's Occupation, Merchant Sailor

Father's Birthplace, Germany

Name of Medical Attendant, or other Person who makes this Return, Mrs. Anna Helgeson

Address, #182 Greenmount Ave

Remarks, 103rd Street

of persons and animals, for each offense to be recorded as other laws and ordinances are provided.

RETURN OF A BIRTH 92529

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex (state whether male or female), Female

2. Race or Color (if not of the white race), Black

3. Date of Birth, Jan 6 1887

4. Place of Birth (Street and Number), 203 Myer St

5. Full Name of Mother, Louise Ruben

6. Mother's Maiden Name, Louise Bushler

7. Mother's Birthplace, Germany

8. Full Name of Father, Paul Paulsen

9. Father's Occupation, Laborer

10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Mary Keplert

Address, 203 A Washington St

Remarks,

the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 92530

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, Feb 5th 1887

4. Place of Birth, (Street and Number) #127 M^{rs} Lacer's account

5. Full Name of Mother, Kate Richards

6. Mother's Maiden Name, Goetz

7. Mother's Birthplace, Balt. Md.

8. Full Name of Father, Gd. Richards

9. Father's Occupation, Laborer

10. Father's Birthplace, Balt. Md.

Name of Medical Attendant, or other Person who makes this Return, Mrs. Anna Hellsquest

Address, 412 Gth Monument St

Remarks, 1038 (Ten Lumber)

or persons who shall thereafter fail to comply with the provisions of this act, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

GIVEN NAME ADDED

7-7-19

RETURN OF A BIRTH

92531

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: *George Louis Gehren*
No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *5th*

1. Sex, (state whether male or female)
2. Race or Color, (if not of the white race)
3. Date of Birth,
4. Place of Birth, (Street and Number)
5. Full Name of Mother,
6. Mother's Maiden Name,
7. Mother's Birthplace,
8. Full Name of Father,
9. Father's Occupation,
10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,

Male

White

February 8, 1897

31 Pauline St.

Sarah R. Gehren

Meyer

Ind

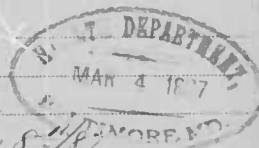
Henry G. Gehren

Cabinet Maker

Germany

Robert S. Rowe M.D.

1117 Light St.



RETURN OF A BIRTH. 92532.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 6

1. Sex, (state whether male or female) female

2. Race or Color, (if not of the white race)

3. Date of Birth Feb 8th 1887

4. Place of Birth, (Street and Number) 1717 Jefferson St

5. Full Name of Mother, Theresia Heneman

6. Mother's Maiden Name, Theresia Berke

7. Mother's Birthplace, Balt. Md.

8. Full Name of Father, August Heneman

9. Father's Occupation, Carpenter, Pass

10. Father's Birthplace, Prusen G. y.

Name of Medical Attendant, or other Person who makes this Return, Mrs Johanna Paulach

Address, 115 S. Wolfe St

Remarks,

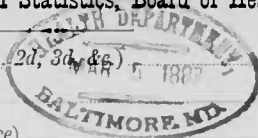


Report the birth to the Commissioner of Health in the manner and within the period above required, and any omission or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 95533.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)



1. Sex (state whether male or female),

Male

2. Race or Color (if not of the white race),

3. Date of Birth,

February 8/87

4. Place of Birth (Street and Number),

No 2006 Spruce Stly

5. Full Name of Mother,

Kate Volz

6. Mother's Maiden Name,

single

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Georg Kaiser

9. Father's Occupation,

Laborer

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other person who makes this Return.

Mrs. Louise Kraft

Address,

No 405 S. Washington St.

Remarks,

The Commissioner of Health, in the manner and within the time herein above required, and any such person or persons who shall hereafter fail to comply with the provisions of this act, shall be liable to a fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

93534

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *4th*
 1. Sex (state whether Male or Female) *Female*
 2. Race or Color (if not of the white race) *White*
 3. Date of Birth *February 24th 1887*
 4. Place of Birth (Street and Number) *New No. 925 W. Franklin St.*
 5. Full Name of Mother *Alice Harrison*
 6. Mother's Maiden Name *Alice Johnson*
 7. Mother's Birthplace *Somerset Co., Md.*
 8. Full Name of Father *George H. Harrison*
 9. Father's Occupation *formerly, Salesman but now at Camden St.*
 Father's Birthplace *Baltimore*
 Name of Medical Attendant, or other Person who makes this Return. *John C. Harris M.D.*
 Address *New No. 773 W. Lexington St.*
 Remarks *Baltimore*

of the parents, and the maiden name of the mother of such child or children

Missing 92535-92542,
incl.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *11th*

1. Sex, (state whether male or female)

female

2. Race or Color, (if not of the white race)

white

3. Date of Birth *Feb 9th 1887*

4. Place of Birth, (Street and Number)

126 South Wolfe St

5. Full Name of Mother,

Chernet Luner

6. Mother's Maiden Name,

Kelrick

7. Mother's Birthplace,

Prausen Germany

8. Full Name of Father,

John Kelrick

9. Father's Occupation,

Taylor

10. Father's Birthplace,

Prausen Gy

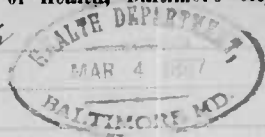
Name of Medical Attendant, or other Person who makes this Return.

Mrs Ranbach

Address,

115 South Wolfe St

Remarks,



Persons who fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, immediately thereafter it shall become the duty of the person or persons of such child to cause the birth to be registered in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 92543.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)



1. Sex (state whether male or female),

2. Race or Color (if not of the white race),

3. Date of Birth,

4. Place of Birth (Street and Number),

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant; or other person who makes this Return.

Address,

Remarks,

February 1887
No 98 Mc Elderry St
Bertha Singer
Lusmann
Baltimore
Abraham Singer
Tailor
Germany

Mrs. Louise Kraft
No 405 S. Washington St.

birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person who fails to comply with the provisions of this section, shall be subject to a fine of ten (10) dollars for each offense to be recovered.

RETURN OF A BIRTH 92144

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, 14 February 1907

4. Place of Birth, (Street and Number) 5th St 530 E

5. Full Name of Mother, Mary Gray

6. Mother's Maiden Name, Mary Disney

7. Mother's Birthplace, Baltimore

8. Full Name of Father, John Gray

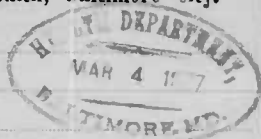
9. Father's Occupation, Laborer

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return, Misses G. Mitchell

Address, 1122 Aberdeen Rd 112

Remarks,



condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH,

925115

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Child

1. Sex (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth

July 11th 1887

4. Place of Birth, (Street and Number)

438 Mytheny St

5. Full Name of Mother

Flora Fowler

6. Mother's Maiden Name

Gittin

7. Mother's Birthplace

Baltimore

8. Full Name of Father

Chas. D. Fowler

9. Father's Occupation

Cape Hanger

10. Father's Birthplace

Baltimore

Name of Medical Attendant, or other Person who makes this Return.

John H. H. M.D.

Address

701 N. Carrollton Ave

Remarks

RETURN OF A BIRTH.

92546

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

5th

1. Sex (state whether Male or Female)

Male

2. Race or Color (if not of the white race)

White

3. Date of Birth

Feb'y 11th 1887

4. Place of Birth (Street and Number)

No 15 Argyle St

5. Full Name of Mother

Anna Weber Bryan

6. Mother's Maiden Name

Anna Weber

7. Mother's Birthplace

Pennsylvania

8. Full Name of Father

Ferdinand J Bryan

9. Father's Occupation

Commission Merchant

10. Father's Birthplace

Baltimore

Name of Medical Attendant, or other Person who makes this Return.

G Winslow MD

Address

924 McCall St

Remarks

I have retired from Obstetric Practice

except a few cases among old patients

G Winslow

born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of each child or children.

The attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall become the duty of the physician or practitioner of midwifery, or of the mother, to report the birth to the Commissioner of Health, in the manner and within the period above required, and to furnish the necessary information for each offense, to be covered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether male or female),

2. Race or Color (if not of the white race),

3. Date of Birth,

4. Place of Birth (Street and Number),

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

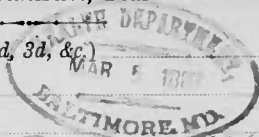
9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks,



Male 5
February 12/87

No 101 S. Surham St.

Rosa Schaff
Elsasser

Germany

Adam Schaff

Laborer

Baltimore

Mrs. Louise Kraft

No 405 S. Washington St.

RETURN OF A BIRTH

92548

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3^d

1. Sex (state whether male or female), Male

2. Race or Color (if not of the white race), Irish

3. Date of Birth, Feb. 12th '87

4. Place of Birth (Street and Number), 87 Boyd St.

5. Full Name of Mother, Mary Burtis

6. Mother's Maiden Name, " Doyle

7. Mother's Birthplace, Ireland

8. Full Name of Father, James Burtis

9. Father's Occupation, Sailor

10. Father's Birthplace, Ireland

Name of Medical Attendant, or other person who makes this Return, F. B. Gardner,

Address, 424 N. Greene St.

Remarks,



shall be delivered, and a guaranty be furnished, that the child shall be in attendance upon the midwife, or other person, who shall be in attendance upon the mother, immediately thereafter, and within the period above required, and any such person who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

92549

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.



No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2^d

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race) White

3. Date of Birth 12th Feb 89

4. Place of Birth (Street and Number) 353 Fulton Ave

5. Full Name of Mother Imogene O'Peiron

6. Mother's Maiden Name Quisler

7. Mother's Birthplace Balto City

8. Full Name of Father Harry W Peiron

9. Father's Occupation Clk

10. Father's Birthplace B. C.

Name of Medical Attendant, or other Person who makes this Return.

H. W. Oving

Address

1319 Madison Ave

Remarks

RETURN OF A BIRTH 92550

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1. No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

2. Sex (state whether male or female), Boy

3. Race or Color (if not of the white race), White

4. Date of Birth, 12 Feb 1881

5. Place of Birth (Street and Number), 711 Caroline St

6. Full Name of Mother, Maria Yelton

7. Mother's Maiden Name, Maria Yelton

8. Mother's Birthplace, Bohemia

9. Full Name of Father, Joe Kefish

10. Father's Occupation, Tailor

11. Father's Birthplace, Bohemia

Name of Medical Allendant, or other person who makes this Return, Maria Kefish

Address,

Remarks,

the attendance of a physician or person of skill, or should the mother be in attendance upon the birth, the physician or person of skill should, in the manner and within the period prescribed by the Commission of Health, in the manner and within the period prescribed by the Commission of Health, who shall hereafter fall to comply with the provisions of this act, shall be liable to a fine of ten (\$10) dollars for each offence, to be recovered by the State.

MAR 15 1881
BALTIMORE

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 11th

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, Feb 12th 1887

4. Place of Birth, (Street and Number) 410 Eastern Ave.

5. Full Name of Mother, Mary Pessagno

6. Mother's Maiden Name, Maria

7. Mother's Birthplace, Italy

8. Full Name of Father, Antonio Pessagno

9. Father's Occupation, Laborer

10. Father's Birthplace, Italy

Name of Medical Attendant, or other Person who makes this Return, Elias Pessagno

Address, 410 Eastern Ave.

Remarks, 1038 (1000 number)

Report its birth to the Commissioner of Health, in the manner and within the time specified, and any such person or persons who shall hereafter fail to comply with the provisions of this Act, shall be liable to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recovered.

MAR 12 1887

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *11th*

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *# 12/19 Maryland Ave.*

4. Place of Birth, (Street and Number) *Marys Jefferson*

5. Full Name of Mother, *" 10th St.*

6. Mother's Maiden Name, *Del. 13th 1897*

7. Mother's Birthplace, *Baltimore Md.*

8. Full Name of Father, *Frank Jefferson*

9. Father's Occupation, *Telegrapher*

10. Father's Birthplace, *Baltimore Md.*

Name of Medical Attendant, or other Person who makes this return. *Mr. J. J. Halliday*

Address, *142 E. Monument St.*

Remarks, *1038 (Box Number)*

Report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offense to be recovered as other fine and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *4th*

7. Sex, (state whether male or female) *Male*

8. Race or Color, (if not of the white race) *White*

8. Date of Birth, *Oct. 13th 1887*

4. Place of Birth, (Street and Number) *2905 Lomb St.*

5. Full Name of Mother, *Theresa Pessagno*

6. Mother's Maiden Name, *" Grogg*

1. Mother's Birthplace, *Italy*

8. Full Name of Father, *Thomas G. Pessagno*

9. Father's Occupation, *Confectioner*

10. Father's Birthplace, *Italy*

Name of Medical Attendant, or other Person who makes this Return, *Wm. H. H. H. H.*

Address, *1820 E. Monument St.*

Remarks, *1038 Penn. Avenue*

Report its birth to the Commissioner of Health in the manner and within the time above required, and any such person or persons who shall hereafter fail to comply with the provisions of this act, shall be liable to a fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

M-R 12 387

RETURN OF A BIRTH 92555

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1. No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

2. Sex, (state whether male or female) Female

3. Race or Color, (if not of the white race) White

4. Date of Birth, Jan 14th 1897

5. Place of Birth, (Street and Number) 171 Yellow St

6. Full Name of Mother, Babette Carver

7. Mother's Maiden Name, Jones

8. Mother's Birthplace, Balto Md

9. Full Name of Father, Vincent Carver

10. Father's Occupation,

11. Father's Birthplace, Balto Md

Name of Medical Attendant, or other Person who makes this return, Wm. Henry Hall

Address, 4182 E. Howard St

Remarks, 1038 (Maiden)

report the birth to the Commissioner of Health, in the manner and within the period above required, and pay such Person or persons so authorized, hereunder, the fee of ten cents for each child, and the fee of ten cents for each stillborn child, the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 92556

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Fourth Child*

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *February 14, 1887*

4. Place of Birth, (Street and Number) *No. 2509 Canton St.*

5. Full Name of Mother, *Mrs Mary G. Glavin*

6. Mother's Maiden Name, *Miss Mary G. Glavin*

7. Mother's Birthplace, *Baltimore*

8. Full Name of Father, *George Glavin?*

9. Father's Occupation, *Laborer*

10. Father's Birthplace, *Pennsylvania*

Name of Medical Attendant, or other Person who makes this Return, *Wm. R. G. Glavin*

Address, *65 Burke St.*

Remarks,

report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

and, immediately thereafter it shall become the duty of the person or persons who are required to report the birth, as the Commissioner of Health, in the manner and within the time herein prescribed, to cause required, a return which person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are now recovered.

MAY 13 1917

RETURN OF A BIRTH 92657.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex (state whether male or female), Male

2. Race or Color (if not of the white race), White

3. Date of Birth, 14 Feb. 1917

4. Place of Birth (Street and Number), 914 Ave. 27

5. Full Name of Mother, Maria Acordy

6. Mother's Maiden Name, Maria Miller

7. Mother's Birthplace, Bohemia

8. Full Name of Father, John Acordy

9. Father's Occupation, Miller

10. Father's Birthplace, Bohemia

Name of Medical Attendant, or other person who makes this Return. Maria R. G. G.

Address,

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex (state whether male or female), Male

2. Race or Color (if not of the white race), White

3. Date of Birth, 14 Feb 1881

4. Place of Birth (Street and Number), 25 Jefferson St

5. Full Name of Mother, Kate Sobieski

6. Mother's Maiden Name, Kate Sobieski

7. Mother's Birthplace, Germany

8. Full Name of Father, William Sobieski

9. Father's Occupation, Tailor

10. Father's Birthplace, Germany

Name of Medical Attendant,

or other person who makes this Return.

Dr. J. H. Smith

Address,

Remarks,

noted, immediately thereafter it shall become the duty of the Registrar of Births, in the manner and within the time specified herein, to forward to the Office of Registrar of Vital Statistics, Board of Health, Baltimore City, a copy of this Return, together with a copy of the certificate of birth, and any other information which may be required by the Office of Registrar of Vital Statistics, Board of Health, Baltimore City, for each offense, to be reviewed as other laws and regulations may require.

RETURN OF A BIRTH *92557*

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *6*

1. Sex (state whether male or female), *Male*

2. Race or Color (if not of the white race), *White*

3. Date of Birth, *14 Feb 1881*

4. Place of Birth (Street and Number), *921 Jefferson St*

5. Full Name of Mother, *Annie Smith*

6. Mother's Maiden Name, *Annie Kline*

7. Mother's Birthplace, *Baltimore*

8. Full Name of Father, *John Smith*

9. Father's Occupation, *Iron Worker*

10. Father's Birthplace, *Baltimore*

Name of Medical Attendant, or other person who makes this Return. *W. H. Smith*

Address,

Remarks,

RETURN OF A BIRTH 92560

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex (state whether male or female), Male

2. Race or Color (if not of the white race), White

3. Date of Birth, Feb 1887

4. Place of Birth (Street and Number), 137 Fairmount Ave

5. Full Name of Mother, Anne Engel

6. Mother's Maiden Name, Anne Engel

7. Mother's Birthplace, Germany

8. Full Name of Father, Henry Engel

9. Father's Occupation, Laborer

10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return.

Address, 208 N. Broadway St

Remarks,

The Registrar of Health, in the exercise and return of the Board of Health, requires each person to persons who shall hereafter fail to comply with the provisions of the Act, shall be liable to the fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH 92561

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex (state whether male or female), Female

2. Race or Color (if not of the white race), White

3. Date of Birth, 19 July 1882

4. Place of Birth (Street and Number), 417 E. 1st St

5. Full Name of Mother, Maria Mollon

6. Mother's Maiden Name, Maria Mollon

7. Mother's Birthplace, Germany

8. Full Name of Father, Charles Mollon

9. Father's Occupation, Tailor

10. Father's Birthplace, B. America

Name of Medical Attendant, or other person who makes this Return, Mary K. Mollon

Address,

Remarks,

the Commissioner of Health, in the manner and within the period hereinafter required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH *9.25.62.*

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1*

1. Sex (state whether male or female), *Female*

2. Race or Color (if not of the white race), *White*

3. Date of Birth, *11/11/1881*

4. Place of Birth (Street and Number), *2027 Huntington Ave*

5. Full Name of Mother, *Theresa Hoffmann*

6. Mother's Maiden Name, *Theresa Hoffmann*

7. Mother's Birthplace, *Germany*

8. Full Name of Father, *Alfred Hoffmann*

9. Father's Occupation, *Salmon*

10. Father's Birthplace, *Germany*

Name of Medical Attendant, or other person who makes this Return. *Wm. Keffer*

Address, *2027 Huntington Ave*

Remarks,

the Registrar of Health. In the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH *925 603*

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *5*

1. Sex (state whether male or female), *Male*

2. Race or Color (if not of the white race), *White*

3. Date of Birth, *15 Feb 1886*

4. Place of Birth (Street and Number), *Indiana K. 100*

5. Full Name of Mother, *146 Lombard St*

6. Mother's Maiden Name, *Barbara Stephanie*

7. Mother's Birthplace, *Prussia*

8. Full Name of Father, *John Kucera*

9. Father's Occupation, *Wagon Maker*

10. Father's Birthplace, *Prussia*

Name of Medical Attendant, or other person who makes this Return. *May K. K. K.*

Address, *203 N. Holliday St*

Remarks,

the Registrar of Health, in the manner and within the period above specified, and any such person who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recovered.

RETURN OF A BIRTH ⁹²⁵⁶⁵

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) ¹

1. Sex (state whether male or female), *Male*

2. Race or Color (if not of the white race), *White*

3. Date of Birth, *Oct 4 1887*

4. Place of Birth (Street and Number), *2108 Jefferson St*

5. Full Name of Mother, *Josephine McMillick*

6. Mother's Maiden Name, *Josephine McMillick*

7. Mother's Birthplace, *Germany*

8. Full Name of Father, *Israel McMillick*

9. Father's Occupation, *Teacher*

10. Father's Birthplace, *Germany*

Name of Medical Attendant, ^{or other person who makes this Return.} *Harry Koptich*

Address, *2108 A. M. K. St.*

Remarks,



The Commissioner of Health, for the Registrar and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this act, shall be liable to a fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.



CITY HALL
BALTIMORE 2, MARYLAND

DEPARTMENT OF LEGISLATIVE REFERENCE
RECORDS MANAGEMENT DIVISION

CERTIFICATION

THIS IS TO CERTIFY THAT ON THIS 11th DAY Dec.
OF 1963 THE MICROPHOTOGRAPHS APPEARING
HEREIN STARTING WITH #88278 AND
ENDING WITH #92565 ARE AC-
CURATE AND COMPLETE REPRODUCTIONS OF THE
RECORDS OF THE DEPARTMENT OF Health
BUREAU OF Vital Statistics DELIVERED
IN THE REGULAR COURSE OF BUSINESS FOR
PHOTOGRAPHING, AND THAT:

TO THE BEST OF MY KNOWLEDGE THE MICROFILM
MEETS THE REQUIREMENTS OF THE NATIONAL BUREAU
OF STANDARDS FOR PERMANENT MICROPHOTOGRAPHIC
COPY.

CAMERA OPERATOR: D. McFaul



END OF REEL